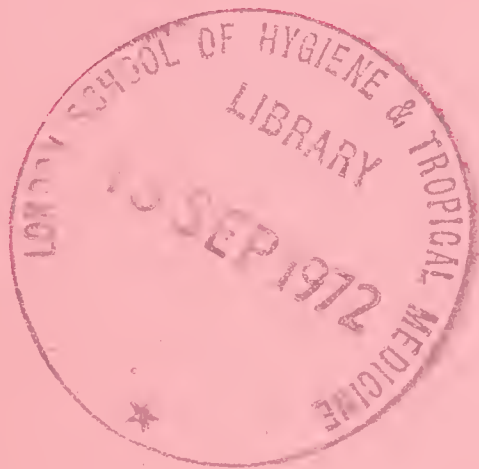


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**GLoucestershire
COUNTY COUNCIL**

ANNUAL REPORT

**of the County Medical Officer
of Health and Principal School**

Medical Officer _____ 1970



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INDEX

	<i>Page</i>
INTRODUCTION	2
STAFF	6
SECTION A—Statistics and Social Conditions of the County	9
SECTION B—General Provision of Health Services for the County	11
1. Laboratory Facilities	11
2. Health Centres	11
3. Care of Mothers	12
4. Care of Children	14
5. Recuperative Holiday Homes	16
6. Problem Families	16
7. Nurseries and Child Minders	16
8. Infant Deaths	16
9. Home Nursing and Midwifery	17
10. Registered Nursing Homes	20
11. Health Visiting	20
12. Vaccination and Immunisation	24
13. Ambulance Service	26
14. Prevention of Illness, Care and After-Care :—	
(a) Chiropody	26
(b) Health Education	29
(c) General	30
15. Home Help	30
16. Social Services—Care of Handicapped Persons :—	31
(a) Blind	32
(b) Partially Sighted	34
(c) Deaf	36
(d) Physically Handicapped	37
(e) Mentally Disordered	40
17. Training Centres	49
SECTION C—Diseases	
1. General	52
2. Tuberculosis	52
3. Venereal Disease	54
SECTION D—Sanitary Circumstances of the County :—	
1. Water Supplies and Sewerage	55
2. Milk Supply	58
3. Animal Health	63
SECTION E—Dental Treatment	65
SECTION F—School Health Service :—	
1. County	78
2. Excepted District	88
TABLES—	
I. Births and Deaths	91
II. Notifiable Infectious Diseases	92
III. Causes of Death	93

TO THE CHAIRMEN AND MEMBERS OF THE HEALTH AND EDUCATION COMMITTEES

I have pleasure in submitting the combined Health and School Health Service Report for the Administrative County for the year 1970.

Staff

In April, Dr. M. B. Pepper resigned from his post of Senior Departmental Medical Officer to become Medical Officer in the Department of Education and Science, and I congratulate him on this promotion. In order that he might spend more time on the ascertainment of handicapped children, for which he is so well qualified, Dr. M. J. Gryspeerdt transferred from his post as Senior Medical Officer to the vacancy created by Dr. Pepper's resignation. We were very pleased to welcome Dr. Marion Parkinson to the post of Senior Medical Officer.

The County Public Health Officer (Mr. R. H. Craig) was appointed to represent the County Councils Association on a Joint Working Party of the Local Authority Associations and the Gypsy Council to advise on the layout and management of gypsy sites. This appointment is an honour both for Mr. Craig and the County Council.

Health Centres

The new Health Centre at Yate was opened during the year and is much appreciated in this expanding town.

I referred in my last Annual Report to the welcomed inclusion of general practitioner surgeries in the Cinderford Child Health Clinic. The rebuilding which will be required to change the Clinic into a first-class Health Centre has unfortunately been postponed to the financial year 1972/73. It has been necessary, however, to enlarge the reception office because of the growing number of patients attending.

The plans for the Kingswood Health Centre have been slightly enlarged to accommodate the integrated area team of the new Social Services Department. The building of this ambitious project is due to start in July, 1971.

The site for the proposed Health Centre for Stroud was adjoining the Maternity Hospital. The nature of the ground and a restrictive covenant on the height of the proposed building led to a search for an alternative site. It is now proposed to build the Health Centre opposite the central bus station in Stroud. Although this change has inevitably delayed the start of the project, it is generally agreed that the new site will be more convenient to the public. This site has a further advantage in that it contains a building, previously a school, which can be adapted to form a much needed Adult Training Centre. The building of the Stroud Health Centre is due to start in the financial year 1971/72 and, when completed, will provide on one campus the most comprehensive range of medical and social services in the country.

Co-operation with Hospital and General Practitioner Services

The Authority's medical and nursing staff are working ever more closely with general practitioners and hospitals. Approximately 70% of the nursing staff are now attached to group practices, and the health visitors are increasingly entering the hospitals to facilitate the discharge of patients. A General Practitioner Unit was opened in the Cheltenham Maternity Hospital in October. This means that the domiciliary midwives can assist in the delivery of their own patients in hospital and then continue the post-natal care after discharge. Similar arrangements already exist in Gloucester and Stroud.

A trial of radio-telephones in nurse/midwives' cars was conducted in the Bishops Cleeve area during the year. The scheme was so successful in increasing the availability of the staff that it will be introduced into other areas of the County as quickly as budget provision will allow.

In collaboration with the Local Medical Committee and the Public Health Laboratory, a survey has been planned to provide more accurate information on the incidence of virus diseases in the County.

Rubella Vaccination

It has been known for many years that if a woman contracts Rubella (German Measles) in the first three months of pregnancy, there is a high risk that her child will be born with serious congenital defects

usually blindness, deafness or mental subnormality. German measles is a mild disease so far as adults are concerned, and in men and non-pregnant women its effects are usually so slight that it is not worth preventing. The seriousness of the disease lies in the fact that the virus responsible has a particular tendency to enter the cells of the growing embryo and produce irreversible damage. As from the beginning of the autumn term, vaccination against German measles has been offered to all girls in their fourteenth year so that when they eventually have children they will be protected against this tragedy. This means that, for the first time, an immunisation procedure is being used to minimise the risk of congenital deformity in a child not yet conceived.

Ambulance Service

In my last Annual Report I drew attention to the success of the scheme, initiated by this Authority, of carrying an analgesic gas (Entonox) on ambulances. The lead set by Gloucestershire has already been followed by the majority of other Ambulance Authorities. In collaboration with the British Oxygen Company, Dr. P. J. F. Baskett and Dr. J. Zorab, Consultant Anaesthetists at Frenchay Hospital, together with the County Ambulance Officer and his staff, have prepared a set of slides and commentary on the use of Entonox in accidents and medical emergencies. Sets of the slides can now be hired or purchased by Ambulance Authorities for training purposes.

During the year, ten officers and men obtained the Certificate of the Institute of Ambulance Officers, and one of the candidates obtained the highest marks in the country.

Actual and Proposed Legislative Changes

The most important legislation affecting the Health Department during the year was the Social Services Act, 1970, which will create a new Department from the Children's and Welfare Departments and part of the Health Department. The plans for the implementation of this Act were facilitated by the close co-operation which existed with the Children's and Welfare Departments and which had already resulted in the formation of a combined Area Office in Gloucester and in agreement for coterminous areas for the whole County. I gladly pay tribute to the help we have received from the new Director of Social Services, Mr. H. D. Nichols, in overcoming the many problems associated with the transfer of staff.

This will be the last full year in which the Health Department will be responsible for those services, such as the home help and mental health services, which will be transferred to the new Department.

Another significant change is the proposed transfer of the responsibility for Junior Training Centres from the Health Committee to the Education Committee. In anticipation of this, the Centres concerned were renamed as schools. This legislative change means that, for the first time in England, every child will be brought within the educational system and the phrase "unsuitable for education at school" will disappear from all documents. The routine medical examinations of these children, carried out as a policy of the Health Committee, will be continued as part of the School Health Service, so that the results of these examinations will continue to form part of this combined Annual Report.

Proposals for the reform of local government and for the unification of the National Health Service which had been put forward in the first part of the year were suspended by the result of the General Election. The major political parties are agreed, however, that there should be a reduction in the total number of local authorities and that the unified health service should be administered outside local government. An unfortunate consequence is that throughout the country the unified health service and the newly integrated social services will be administered by different authorities. Much goodwill and careful planning will be required to ensure that the medical and social services work together in the service of the people.

At the time of writing it is not certain which authority will administer the School Health and School Dental Services. Whatever the administrative structure it would, in my view, be disastrous if these two Services either became fragmented or changed their present preventive approach.

Changes in Committee Structure and Procedure

During the year the Health Committee made a number of far-reaching changes in its structure and procedure. For example, the Staff and Services Sub-Committee was discontinued and, in anticipation

of the Social Services Act, 1970, the Area Health Committees were not reappointed. The Health Committee has now no permanent sub-committee so that all business is dealt with by all Members. An important procedural change has been the increased delegation of powers to me. This enables the Committee to give more time to questions of policy and allows administrative matters to be dealt with more quickly. The help of the Clerk and Chief Executive Officer, always so readily available, was particularly appreciated when these changes were being discussed. Their implementation owes much to the personal support of the Chairmen of the Health Committee and the former Staff and Services Sub-Committee.

Dental Service

A Senior Dental Officer of the Department of Education and Science routinely visits each local authority every few years to review the dental service. This Authority was visited during the year and the report of this independent review is referred to on page 65. The report clearly reflects great credit on the work of the Principal Dental Officer (Mr. J. F. A. Smyth) and his staff.

The fluoridation of public water supplies was again recommended by the Health Committee and rejected by the County Council. Although Mr. Smyth and I regretted the Council's decision, we were considerably encouraged by the closeness of the vote on this occasion. There has never been a public health issue which is so wholeheartedly supported by the medical and dental professions and which still fails to find a more general acceptance by Members.

Routine Medical Examinations

In the School Health Service the first routine medical examination has always traditionally taken place during the first year of school life. In collaboration with the Education Department, an increasing number of children are now examined during the months immediately prior to their entry to school. These pre-school medical examinations take place in the Child Health Clinics by appointment with the parents. This arrangement has the advantage that defects are discovered earlier and, where appropriate, can be discussed with the teacher before the child starts school. There is also less disturbance with school routine and the examinations can be spread throughout the year and not confined to school terms. The change has been generally welcomed by the teachers, doctors and health visitors concerned.

In the ascertainment of educational subnormality the intelligence tests are now increasingly applied by the school psychologists rather than by the departmental medical officers. This makes for a more accurate assessment and enables the doctors to concentrate on any medical factors which may be causing the retardation. This change in procedure would not have been possible without the willing co-operation of Mr. A. Macdonald, the Senior Educational Psychologist, and his staff, and I am most grateful for their support.

Enuretic Clinic

A clinic for the treatment of bed-wetters was started in the Health Department during the year under the direction of Dr. M. J. Gryspeerdt, the Senior Departmental Medical Officer. Most of the children are of school age and they are referred to the clinic by the general practitioner or departmental medical officer. The clinic has been enormously successful, achieving a cure-rate of over 70% in the first few months of its operation. Enuresis is a particularly distressing complaint to both the children and their parents, and so this new service is greatly appreciated.

Computer

The Gloucestershire system of recording on the computer medical details of pre-school children has now been in operation for four years. Its value is becoming increasingly evident, particularly in monitoring children with a present or potential handicap and in following up those children who are not immunised or vaccinated at the appropriate time. The system is featured in a new film "Dialogue for Three," which has been made for world-wide showing by International Computers Ltd.

The support of the Chief Education Officer and of his staff are essential to an efficient School Health Service and I gladly record my thanks for the help and guidance received. The excellent relationships with all the other Chief Officers and Heads of Departments and their staffs have also continued throughout the year. I express my warm appreciation of the loyal support I have received from my staff and for the kindness and understanding of the Members of the Council.

ALLAN WITHNELL,

*County Medical Officer of Health and
Principal School Medical Officer.*

Quayside Wing,
Shire Hall,
Gloucester. GL1 2HZ.

May, 1971.

STAFF

as at 31st December, 1970

County Medical Officer of Health and Principal School Medical Officer	....	....	....	A. Withnell, B.Sc., M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer				R. Barnes, M.A., M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer, Maternity and Child Welfare	....	....	....	Mary P. S. Seacome, M.A., B.M., B.Ch.
Senior Medical Officer, School Health Service				Marion Parkinson, M.B., B.S., D.P.H.
Senior Assistant County Medical Officer of Health and Departmental Medical Officer				M. J. Gryspeerdt, M.B., B.S., D.P.H.
Divisional Medical Officers of Health	....	....		R. F. Barclay, M.B., B.S., D.P.H.
(also District Medical Officers of Health)				R. E. A. S. Hansen, M.A., M.B., B.Ch., D.P.H.
				A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
				S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
				W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant Medical Officers of Health and Departmental Medical Officers	....	....		Katharine E. M. Allen, M.A., M.R.C.S., L.R.C.P.
				S. C. Buck, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.
				Elspeth M. Feilden, M.B., B.S.
				Margaret S. Jones, M.B., Ch.B.
				M. H. Ryder, M.R.C.S., L.R.C.P., D.P.H.
				Dorothy Sell, M.B., B.S.
				Rachel E. W. Sillett, M.D., D.P.H.
				Hebe F. Welbourn, M.D., D.C.H.
				Joyce D. Wood, M.B., M.S., D.R.C.O.G., D.C.H.
				D.P.H.
Principal Dental Officer	....	....	....	J. F. A. Smyth, L.D.S.
Deputy Principal Dental Officer	....	....		Miss E. B. Nasmyth, L.D.S.
Area Dental Officers	....	....	....	J. P. B. Pengelly, L.D.S.
				D. K. Stables, B.D.S.
Orthodontists	....	....	....	G. D. Everard, L.D.S.
				Mrs. J. M. Popplewell, L.D.S. (part-time)
Senior Dental Officers	....	....	....	A. C. Bloomfield, L.D.S.
				D. M. Carpenter, B.D.S.
				D. N. de Gruyther, L.D.S.
				Mrs. H. Frenkel, B.D.S.
				R. D. Jefferies, L.D.S.
				N. Killingback, B.D.S.
				G. N. Willetts, L.D.S.
Dental Officers	....	....	....	Mrs. M. E. Bell, L.D.S. (part-time)
				M. R. Brocklebank, B.D.S.
				Miss P. A. Courthill, B.D.S. (part-time)
				W. M. Evans, B.D.S. (part-time)
				Miss S. M. Hunt, B.D.S.
				Mrs. A. P. Hutton, B.D.S.

Dental Officers (*continued*)

				Mrs. M. J. Leech, L.D.S.
				Mrs. P. J. Leggott, B.D.S. (part-time)
				R. R. Merritt, L.D.S.
				Mrs. B. Pitter, B.D.S. (part-time)
				Mrs. S. L. Redfern, B.D.S.
				Mrs. E. K. Smith, L.D.S. (part-time)
				I. J. Standing, B.D.S. (part-time)
				L. H. Stratford, L.D.S.
Dental Auxiliaries	....	....	....	5
Dental Health Education Officer	....	....	....	Mrs. U. Y. Miles, A.L.A.M.
Dental Surgery Assistants	....	....	....	(equivalent to 24.2 full-time)
County Dental Laboratory	....	....	....	1 Chief Technician 2 Senior Maxillo-Facial Technicians 1 Apprentice
Superintendent Health Visitor	....	....	....	Mrs. I. E. Lyle, S.R.N., S.C.M., H.V.
Deputy Superintendent Health Visitor	....	....	....	Mrs. J. S. Pollard, S.R.N., S.C.M., H.V.
Health Visitors	....	....	....	84 and 13 part-time
Nurses assistant Health Visitors	....	....	....	17 part-time
Nursing and Midwifery Superintendent	....	....	....	Miss G. E. Brownhill, S.R.N., S.C.M., H.V., Q.N.
Assistant Superintendents	....	....	....	Miss C. M. Allison, S.R.N., S.C.M., H.V., Q.N. Miss A. R. Radcliffe, S.R.N., S.C.M., H.V., Q.N.
District Nurse/Midwives/Health Visitors	....	....	....	18
District Nurse/Midwives	....	....	....	87 and 6 part-time
Home Nurses	....	....	....	S.R.N. 49 and 9 part-time S.E.N. 8 and 3 part-time
District Midwives	....	....	....	18
Nursing Auxiliaries	....	....	....	8
Orthopaedic After-Care Sisters	....	....	....	2 and 4 part-time
County Public Health Officer	....	....	....	R. H. Craig, M.I.P.H.E., M.R.I.P.H.H., M.A.P.H.I.
Assistant County Public Health Officer	....	....	....	L. G. Norman, S.R.N., M.A.P.H.I.
County Ambulance Officer	....	....	....	A. W. Johnston, A.I.A.O.
Deputy County Ambulance Officer	....	....	....	G. P. Turnbull
Health Education Officer	....	....	....	Miss F. E. Fortnam, S.R.N., S.C.M., H.V.
Deputy Health Education Officer	....	....	....	Mrs. R. H. Rice, S.R.N., R.S.C.N., S.C.M., H.V.
County Home Help Organiser	....	....	....	Mrs. H. K. Paine
Area and Assistant Home Help Organisers	....	....	....	13 and 4 part-time
Principal Social Welfare Officer	....	....	....	A. F. Poyser
Social Welfare Officers—Blind	....	....	....	Miss J. E. Alsop (Senior) and 7 Officers
—Deaf	....	....	....	Miss E. D. Galbraith (Senior) and 1 Officer
—Physically Handicapped	....	....	....	Mrs. D. M. Parsons
Senior Mental Welfare Officers	....	....	....	D. S. Bayliss R. T. Ireland T. W. Murden D. W. Parker A. E. Poyser

Mental Welfare Officers	....	....	....	19
Head Teachers, Junior Training Centres	....	....	....	5
Managers, Adult Training Centres	....	....	....	2
Occupational Therapists	....	....	....	6 (plus 4 part-time)
Speech Therapists	....	....	....	3 and 6 part-time
Chief Chiropodist	....	....	....	D. E. Boden, M.C.H.S.
Senior Chiropodists	....	....	....	7
Part-time Chiropodists	....	....	....	6
Administrative Officer	....	....	....	F. B. Wilton
Deputy Administrative Officer	....	....	....	F. H. Livesey, D.P.A.
Senior Administrative Assistant	....	....	....	H. N. White, A.C.C.S.

DELEGATED AUTHORITY—BOROUGH OF CHELTENHAM

Medical Officer of Health	....	....	....	T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.
Deputy Medical Officer of Health	....	....	....	K. Matthews, M.B., B.S., D.P.H.
Assistant Medical Officer of Health and Departmental Medical Officer	....	....	....	Brenda G. King, M.B., B.S.
Area Dental Officer	....	....	....	P. B. Stone, L.D.S.
Dental Officers	....	....	....	2
Dental Auxiliary	....	....	....	1
Dental Surgery Assistants	....	....	....	5 (equivalent to 3.1 full-time)
Senior Health Visitor	....	....	....	Miss M. Bevan, S.R.N., S.C.M., H.V.
Health Visitors	....	....	....	14
Senior Mental Welfare Officer	....	....	....	G. H. Watts
Mental Welfare Officers	....	....	....	3
Home Help Organisers	....	....	....	1 Area Organiser and 1 Assistant
Social Welfare Officers—Blind	....	....	....	1 and 1 part-time
Head Teacher, Junior Training Centre	....	....	....	1
Manager, Adult Training Centre	....	....	....	1
Nursing and Midwifery Superintendent	....	....	....	Miss M. J. Twemlow, S.R.N., S.C.M.
Assistant Superintendent	....	....	....	1
Home Nurses	....	....	....	17 (plus 2 part-time and 3 Bath Attendants)
Midwives	....	....	....	6 and 2 part-time
Health Centre	....	....	....	2 part-time Nurses
Chiropodists	....	....	....	7 part-time

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area (in acres) :—

Urban	....	....	....	....	....	....	....	....	....	24,246
Rural	....	....	....	....	....	....	....	....	....	746,048
										770,294

Population :—

Registrar-General's Estimate (Mid-year, 1969) :—

Urban	....	....	....	....	....	....	....	....	....	....	184,330
Rural	....	....	....	....	....	....	....	....	....	....	379,720
											————— 564,050

[illegible]

Extracts from Vital Statistics :—

Live Births—Legitimate	....	....	....	....	....	....	....	....	....	8,486
Illegitimate	....	....	....	....	....	....	....	....	....	549
								Total	....	<u>9,035</u>

Rate per 1,000 population	....	....	....	....	....	....	....	....	16.0
Illegitimate live births per cent of total live births				....	....	....	....	....	6.1
Stillbirths	....	....	....	....	....	....	....	....	97
Rate per 1,000 total live and stillbirths				....	....	....	....	....	10.6
Total live and stillbirths	....	....	....	....	....	....	....	....	9,132
Infants deaths (deaths under 1 year)				....	....	....	....	....	138
Infant mortality rates									
Total infant deaths per 1,000 total live births				....	....	....	....	....	15.3
Legitimate infant deaths per 1,000 legitimate live births					....	....	....	....	15.3
Illegitimate infant deaths per 1,000 illegitimate live births						....	....	....	14.6
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)							....	....	9.6
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)								....	8.4
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)				....	....	....	....	....	18.9
Maternal mortality (including abortion)									
Number of deaths	....	....	....	....	....	....	....	....	1
Rate per 1,000 total live and stillbirths				....	....	....	....	....	0.1

1. Live Birth Rate

The Birth Rate for the year 1970 was 16.0 per 1,000 of the population, compared with 16.8 in 1969.

The following table shows the comparative figures for the past five years :—

	1966	1967	1968	1969	1970
Urban	18.5	17.7	16.8	15.6	15.0
Rural	19.4	18.5	17.7	17.4	16.5
Administrative County ...	19.1	18.2	17.4	16.8	16.0
England and Wales	17.7	17.2	16.9	16.3	16.0

After adjustment by the Area Comparability Factor (1.00) the Live Birth Rate (16.0) still equals that for England and Wales.

2. Death Rate

The Death Rate for the year was 10.6 per 1,000 of population, compared with 10.4 in the previous three years. After adjustment by the Area Comparability Factor (1.05) the Death Rate (11.1) compares favourably with the rate for England and Wales (11.7).

The total number of deaths in the County during 1970 was 5,955 and the chief causes are shown in the following table.

Cause	Total Deaths	Rate per 1,000 population	Percentage of Total Deaths
Heart and Circulatory Diseases	2,355	4.2	39.6
Cancer	1,162	2.1	19.5
Cerebrovascular Disease	857	1.5	14.4
Respiratory Diseases	798	1.4	13.4
Motor Vehicle Accidents	86	0.2	1.4
Other Accidents	79	0.1	1.3
Total	5,337	9.5	89.6

3. Infantile Mortality

The Infant Mortality Rate for the County was 15.3. The rate for England and Wales for the same period was 18.0.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1961	59	19.2	113	18.7	172	18.9	21.4
1962	79	24.4	108	17.1	187	19.6	21.7
1963	60	18.5	122	18.0	182	18.2	21.1
1964	55	16.5	121	18.2	176	17.0	19.9
1965	50	14.7	127	17.3	177	16.5	19.0
1966	52	15.6	116	16.0	168	15.9	19.0
1967	44	13.7	110	16.2	154	15.4	18.3
1968	50	16.2	90	13.7	140	14.5	18.3
1969	54	18.8	95	14.5	149	15.9	18.0
1970	42	15.2	96	15.3	138	15.3	18.0

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities

(a) PUBLIC HEALTH LABORATORY SERVICE

The excellent relationship which has always existed with Dr. A. E. Wright at the Public Health Laboratory, Gloucester, has been maintained. We are also very indebted to Dr. H. R. Cayton, of the Bristol Public Health Laboratory, for his help in the Southern parts of the County. Arrangements were made to assist Dr. R. E. Hope-Simpson at the Public Health Virus Laboratory at Cirencester, by arranging for a health visitor to be available to him for collection of epidemiological specimens in connection with any influenza outbreak.

(b) PUBLIC ANALYST

The sessions of E. G. Whittle, Esq., B.Sc., F.R.I.C., were available to the Council as Public Analyst. His help during the year has been much appreciated.

2. Health Centres

The Health Centre at Eastland Road, Thornbury, opened in September, 1968, provides general practitioners with main surgery facilities in the same building as local authority services, including Dental Health, Health Visiting, Mental Health, Home Help, Registration of Births, Deaths and Marriages, Chiropody, Child Welfare, Speech Therapy and Welfare Foods.

The Hester's Way Health Centre, Cheltenham, continues to provide medical and health services for the people on the estate.

The Yate Health Centre at 21 West Walk was opened by Councillor James Buckee, Vice-Chairman of the County Health Committee, on the 13th July, 1970, and was the second Health Centre to be built in the County since 1968. The local Clinic Services had for many years been provided from Ridgewood Old People's Home, Chipping Sodbury, but the rapidly increasing population in the Yate/Sodbury area had made this accommodation inadequate. Following discussions with local general practitioners and the Gloucestershire National Health Service Executive Council, the need for a Health Centre in the area was agreed. The siting in the new town was decided in 1966 and included in the County's 1968/69 Capital Building Programme.

The cost of erection, including surrounds, was £89,300 and £13,000 was needed for equipment.

The Centre is used by six general practitioners with their assistants and surgeries are held by appointment from Monday to Saturday.

The following County Services are available :—Dental Service for children and expectant mothers, Child Health Clinics, Ante-Natal and Post-Natal, Welfare Foods, Health Education, Chiropody, Orthopaedics, Speech Therapy, Registration of Births, Deaths and Marriages, and Cytology. Social Workers concerned with the Blind, Deaf, Physically Handicapped, Mental Health and Home Help Services, are available for consultation. District Nurses, Midwives and Health Visitors for the area are at the Health Centre daily. The Health Centre is also used by voluntary bodies such as the Bristol Family Planning Association and information on the services available can be obtained from the receptionists.

A Day Centre for the Physically Handicapped has been established under the supervision of an Occupational Therapist and an Instructor.

3. Care of Mothers

(a) EXPECTANT AND NURSING MOTHERS

Ante-natal care was received by 5,207 mothers, and of these 2,095 attended the local Authority clinics. In addition seven domiciliary midwives held ante-natal sessions at their own premises. Seventy-two general practitioners held sessions at their own surgeries and twelve who saw ante-natal patients in local authority premises were assisted by domiciliary midwives.

Mothercraft and Relaxation clinics were again held at 43 centres. The numbers attending show a substantial increase over the previous year :—

	1970	1969
Booked for hospital delivery	1,993	1,352
Booked for home confinement	154	253
Total attendances	11,789	8,877

The annual courses in relaxation methods and psychoprophylactic methods of preparation for child-birth which are attended by both health visitors and midwives, make it increasingly possible for mothers to have a choice of method of preparation for delivery.

(b) ARRANGEMENTS FOR CONFINEMENT

The birth rate which commenced a downward trend in 1966 decreased again in 1970. The births for the past five years were as follows :—

1966	10,730
1967	10,118
1968	9,743
1969	9,505
1970	9,132

The proportion of deliveries taking place at home has decreased, and beds are made available in consultant units for those who need them. Encouraging use continues to be made of the possibility of returning home at approximately 48 hours after delivery. The domiciliary midwife accepts full responsibility for these patients under the direction of the general practitioner. Active co-operation between the hospital and the domiciliary midwife ensures that each patient for whom early discharge is planned, shall return to circumstances which are suitable for home nursing.

(c) CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

There were 385 illegitimate births notified in 1970 compared with 388 last year. The trend for unmarried mothers to stay at home during the pregnancy instead of entering a mother and baby home continues. 368 women were referred to the Bristol Diocesan Association for Family Welfare and the Gloucester Diocesan Council for Social Work, who act as agents for the local authority in giving help and advice to unmarried mothers. Of this number only a small proportion entered mother and baby homes.

(d) CERVICAL CYTOLOGY

Facilities for the taking of cervical smears, together with pelvic examination, and examination for breast cancer, were offered at 15 centres. Total attendances were 5,696 of which 2,755 were making a first attendance, the remainder were women returning for follow-up, 3 - 5 years having elapsed since their initial smear was taken. Sixteen women were referred to gynaecologists by the general practitioners for further investigation of smears showing indications of cancer. A further 386 women were found to have conditions other than cancer which required further investigation, and were referred to their own doctors for this reason. An analysis of those attending by social class is as follows :—

					1969	1970
Social Class I and II	....	....	....	....	621	616
III	....	....	....	....	1,308	1,204
IV and V	....	....	....	....	722	831

This distribution is equivalent to the general social class distribution in the Country, which is a satisfactory state of affairs, because, while cancer of the cervix is more prevalent in women in the lower socio-economic groups, cancer of the breast occurs more frequently in women in the more higher socio-economic groups.

The Health Department continued to enjoy a close relationship with the Gloucester City and County Appeal for the Prevention of Cervical Cancer, the voluntary organisation which has provided and maintains the Staywell Clinic and has assisted the work by providing Medical Officers to attend sessions carried out in the Staywell Clinic. All medical records for the Staywell Clinic are dealt with in the Health Department.

(e) FAMILY PLANNING

The Family Planning Association continued to act as agents for the local authority in this field. Premises owned by the local authority are made available to the Association free of charge for the holding of sessions and the Health Committee accepts financial responsibility for all patients needing contraceptive advice on medical or social grounds. Clinics organised by the Family Planning Association were held at ten centres, Cheltenham, Cinderford, Cirencester, Downend, Dursley, Gloucester, Stroud, Tewkesbury, Thornbury and Yate, each of these receiving county patients. The intra-uterine device was available at three of these centres.

An additional service was introduced during 1970. The Mobile Child Health Clinic was used as a Mobile Family Planning Surgery, staffed by a team from the Gloucestershire branch of the Family Planning Association, and taken to a session of the ordinary Child Health Clinic once per quarter in three areas, namely Lydney, Moreton-in-Marsh and Wotton-under-Edge. The Health Visitor in each of these areas makes herself responsible for inviting women who need contraceptive advice on medical or social grounds, but who would be unlikely to travel to fixed clinics. The general practitioners concerned are kept fully informed and most of the women made their first attendance with consent for treatment already signed, so that in many cases it was possible to insert the intra-uterine device without further delay.

4. Care of Children

(a) HOME VISITING

Summary of home visits during the year :—

Born in 1970	....	....	....	....	....	9,660
Born in 1969	....	....	....	....	....	10,333
Born in 1965 - 1968	....	....	....	....	....	21,620
						<hr/>
Total	....	....	....	....	....	41,613
						<hr/>

Health Visitors have continued to carry out the surveillance of children on the observation register and have done valuable work in encouraging mothers to present these children for examination at the Child Health Clinics. A total of 1,776 children who were born in 1970, were placed on the register which represents 22% of live births. The majority of these were placed on the register by reason of congenital defects, genetic and family history, high risk multi-factorial obstetric incidents and social conditions. An analysis of the children placed on the register in 1969 shows that of those originally considered to need special surveillance because of the initial factors, only 18% were reported by Health Visitors on the basis of personal enquiry, discussion with general practitioner and examination at Child Health Clinics, to need continued observation. This represents approximately 4.4% of the children born in 1969, who need special supervision. However, other children are added to the risk register on the recommendation of Health Visitors, and it is hoped by this means to ensure that this is a realistic register of children who do need particular care.

The Computer was first used to aid the maintenance of an Observation Register on 1st January, 1967. Of the children born in that year 2,266 were placed on the register at birth (22% of births), 246 children born in 1967 were deemed to need continued observation at the age of three years (2.5%). Seventy-five children are regarded as potentially handicapped, and likely to be in need of special educational treatment.

The number of small children where there is reason to suspect ill treatment by the parents still gives cause for concern. During the year a Central Committee was convened to discuss appropriate action where it is suspected that maltreatment is taking place or is likely to occur. The membership of this committee included representative's from the Health and Children's Department, the local Medical Committee, N.S.P.C.C., Paediatricians, Police, Probation Service and Solicitor's Department. It was felt that dealing with the battered baby syndrome was very much a matter for co-operation between personnel in the locality where the family resides, and that the Central Committee would not need to meet very often. A major anxiety was the near impossibility of preventing a battering taking place even though the health visitor had indicated a child at risk.

(b) CHILD HEALTH CLINICS

It has been a well recognised deficiency in the Child Health Service over a period of many years, that while a high proportion of children attend during their first year of life, thereafter the numbers drop off, and very few older pre-school children attend. In an attempt to overcome this, an appointments system has been introduced at the clinics. The health visitors are responsible for ensuring that all the children in their care receive an appointment for routine examination, not only those who have registered at the Clinic. This has resulted in some places in a smaller total attendance at each session, but a wider coverage of children in the area. A great deal depends on the image presented by the Child Health Clinic in any one area, and the ability of the health visitors to persuade the mothers of the value of routine development assessment.

In addition, preliminary steps were taken in a plan to carry out the first school medical inspection before the child enters school, these being performed at the Child Health Clinic. This is the final examination in a series of routine assessments during the pre-school years.

Regular sessions were held at 106 static child health clinics during the year. The members of the voluntary committees of the Child Health Clinics again devoted much time and energy to playing their part in the running of these, and tribute must be paid to them for their contribution. It was necessary to close the clinics at Dumbleton, Stanway and Willersey because of a reduction in the numbers attending, fortunately, it was possible to cover these areas with the Mobile Child Health Clinic. A new static clinic was opened at Cadbury Heath where the number of those attending the mobile clinic had increased considerably.

The mobile child health clinics continue to play a valuable role, and a total of 86 villages were visited regularly.

Number of children attending clinics :—

Born in 1970	....	....	....	....	5,450
1969	....	....	....	....	6,171
1966 - 1968	....	....	....	....	10,783
Total	....	....	....	....	22,404

(c) MOTHERS' CLUBS

Regular meetings were held by 22 Mothers' Clubs during the year. These Clubs have a mixed programme of social and educational events, at least half of the sessions being devoted to some aspect of health education. In order to encourage the opening of these Clubs the local authority will pay the rental for a suitable hall or other meeting place for the first three months. Thereafter the Club is self-supporting.

(d) DAY NURSERIES

The 115 places available at the three day nurseries at Swindon Road and Whaddon Road, Cheltenham, and Enmore House, Kingswood, were fully utilised during the year. In addition to the children in the usual priority groups several with physical handicaps or emotional difficulties were also admitted. The average daily attendance was 95.

(e) DISTRIBUTION OF WELFARE FOODS

Welfare Foods were available at 180 Child Health Clinics (fixed and mobile), 23 shops, 4 houses and 8 part-time offices, the latter involving paid assistance.

Distributions were :—

National Dried Milk (Tins)	....	....	10,672	(15,418)
Cod Liver Oil (Bottles)	....	....	8,481	(9,068)
Orange Juice (Bottles)	....	....	162,848	(159,383)
A. & D. Tablets (Packets)	....	....	8,309	(7,453)

The 1969 figures are shown in brackets.

It is interesting to note that since 1960 sales of National Dried Milk and Cod Liver Oil have progressively decreased from 101,869 and 33,433 respectively.

(f) TRAINING OF NURSERY STUDENTS

Of the twenty students in each year of the two year nursery nurse training course, eight received their practical training in the three day nurseries maintained by the local authority, the remainder worked in primary schools, Winchcombe Nursery School or Walton House Residential Nursery.

Seventeen second year students were successful in gaining their N.N.E.B. certificate at the end of the course.

5. Recuperative Holiday Homes

One mother went away for a recuperative holiday accompanied by her child.

6. Problem Families

There were thirty-nine new cases considered during the year, and supervision was continued on a further sixty-seven families. Poor housing conditions and bad management of finances are constant contributory factors to the inability of a problem family to cope with the normal demands of daily life.

7. Nurseries and Child Minders

The increase in the number of child minders and playgroups seeking registration continued during the year. There has been excellent co-operation between child minders, playgroup leaders and this Authority, thus making it possible to maintain a good standard of care.

<i>Number</i>	31.12.68	31.12.69	31.12.70
(a) Registered premises	17	113	153
Children for which registered	465	2,738	3,709
(b) Registered persons	80	168	227
Children for which registered	644	983	1,293

8. Infant Deaths

(a) NEO-NATAL DEATHS

There were 87 deaths during the first 28 days of life, 76 of these occurring during the first seven days. The primary causes of death were as follows :—

	0 - 6 days	7 - 28 days
Prematurity—		
Where given as sole cause	11	—
Associated with respiratory distress	29	1
Associated with other conditions	2	—
Congenital Defects	7	4
Respiratory Distress and Atelectasis	5	1
Cerebral Haemorrhage	9	1
Haemolytic Disease	1	—
Asphyxia	2	—
Other	10	4
	—	—
	76	11
	—	—

(b) INFANT DEATHS

The deaths of 59 infants between the ages of one month and one year were recorded as follows :—

	Place of Death	
	Home	Hospital
Respiratory Infections	1	6
Respiratory Infections other contributory causes	—	5
Asphyxia	—	8
Congenital Defects	—	12
Cardiac Conditions	—	8
Gastro Enteritis	1	3
Cerebral Haemorrhage	—	3
Other	—	12
	—	—
	2	57
	—	—

The fact that of the total deaths only 2 took place at home in spite of overwhelming infections to which infants sometime succumb is reassuring, as it indicates that the majority of infants are receiving medical advice sufficiently early to institute hospital treatment.

(c) PREMATURE BABIES

There were 677 babies of birth weight 5 lbs. 8 ozs. or less during 1970. The analysis shows the place of birth and whether they were live born or stillborn. The figures for 1969 are shown in brackets for comparison :—

	Live	Stillborn	Total
Born in Hospital	577 (549)	71 (53)	648 (602)
Born at Home	28 (41)	1 (—)	29 (41)
	<hr/> 605 (590)	<hr/> 72 (53)	<hr/> 677 (643)
Died within 24 hours	....	37 (34)	
Died in 1 and under 7 days	....	15 (11)	
Died in 7 to 28 days	....	7 (4)	
Total	....	<hr/>59 (49)	

Of the 59 deaths, 25 were of babies weighing 3 lbs. 4 ozs. or less at birth. Careful selection for obstetric care ensures that the majority of premature babies are delivered in hospital. Specialist care is provided for premature babies after discharge from hospital.

(d) ILLEGITIMATE INFANT DEATHS

Of the 385 illegitimate births registered 10 were stillborn ; five illegitimate children died under the age of one year. The illegitimate infant death rate was 14.6 per 1,000 live births compared with 15.3 per 1,000 for the legitimate infant deaths, which does not confirm the widely held assertion that illegitimate children are at greater risk of dying in their first year of life.

(e) STILLBIRTHS

Of the 98 stillbirths notified, only four took place at home, one of which was premature. The stillbirth rate per 1,000 total births for the past four years has been as follows :—

1967	....	12.3
1968	....	11.8
1969	....	11.1
1970	....	10.6

9. Home Nursing and Midwifery

(a) STAFF

At the 31st December, 1970, the staffing position was as follows :—

County	Whole-time	Part-time	Total
Superintendents	3	—	3
Nursing and Midwifery Staff	155	19	174

Cheltenham

Superintendents	....	....	....	2	—	2
Nursing and Midwifery Staff	....	....	....	22	7	29

Vacancies

County	....	....	....	7	—	7
Cheltenham	....	....	....	—	—	—

The year's work

	County	Cheltenham	Total
Number of general patients attended	9,522	1,641	11,163
Number of general visits paid	245,200	50,383	295,583
Number of midwifery patients attended	4,527	680	5,207
Number of midwifery visits paid	56,567	5,263	61,830
Sessions attended as nurse or midwife	6,355	234	6,589
Talks given (in addition to those at sessions)	96	—	96
Health visiting—visits	8,012	—	8,012
—sessions	391	—	391

Although the number of patients attended was lower than the previous year, the number of visits paid has increased. The number of sessions attended by staff, in surgeries and elsewhere, has also increased.

Courses

	No. of Staff attending
Statutory Midwifery Refresher Courses	30
Health Visiting	3
Speaking with Confidence	3
Ante-natal Preparation	17
General Nursing	23
Study Days and Conferences	22
Practical Work Instructors	9
Premature Baby Course	1

The Ante-natal Preparation Courses and the General Nursing Course were arranged by one of the Assistant County Nursing Superintendents and were held at Sandywell Park. The Ante-natal Courses covered both the psychophysical and the psychoprophylaxis methods of preparation.

The General Nursing Course covered some of the more recent aspects of community nursing.

The Practical Work Instructors' Course was organised locally by the Queen's Institute of District Nursing for the staff of the County and Gloucester County Borough. The members of staff who attended this course are responsible for the practical instruction of students taking the district training courses.

Training—Midwifery Part 2

49 student midwives completed their training with county midwives. The training includes a community care programme.

A satisfactory report on the training programme was received from the Central Midwives Board following the triennial inspection by Miss E. Snelling, Educational Supervisor.

District Nurse Training

(a) SEVERN VALLEY TRAINING SCHOOL

Five students completed the training for State Registered Nurses in January and all were successful in the examination.

(b) QUEEN'S INSTITUTE DISTRICT ASSESSMENT

Five students completed the district training course for State Enrolled Nurses and all were successful in the examination.

The county has now been approved to undertake the district training for State Enrolled Nurses within the Severn Valley Training School.

Community Care

Students and pupils in general training from three hospitals have spent a day with the nursing staff to gain an insight into community care. These visits have been followed up at two of the hospitals by discussions with one of the Assistant County Nursing Superintendents.

Attachments

The number of staff attached to group medical practice has increased during the year. There are now 54 nurses and midwives attached to 40 group practices and working with 106 general practitioners. The pattern of district nursing is gradually changing, more work being undertaken in the surgeries.

Cross boundary visiting by attached staff now takes place with three neighbouring authorities.

General Practitioner Maternity Units

Domiciliary midwives attend mothers in three of the local general practitioner maternity units. 24 midwives delivered and nursed 234 mothers—an increase of 70 over last year's figures for these schemes. Further developments are planned for 1971.

Radio Communication

Six motophone sets were installed on 26th January, 1970. A seventh was added a month later. As an aid to improving the efficiency of the service the radio has been invaluable. Since the scheme began visits in the area have risen by 10.3%. Communications between county staff, hospitals, general practitioners and the general public have been made easier. Assistance has been quickly summoned for a variety of emergencies. Staff time and mileage have been saved. It is expected that ten more sets will be in operation during 1971.

The help and co-operation of the Ambulance Service in the running of this scheme was greatly appreciated by the nurses.

Specialised Staff

Two midwives trained in premature baby care work very closely with the premature baby unit at Southmead Hospital. One nurse specialises in the care of sick children at home.

Conference on Communications

A Getting-Together Conference was held in December under the auspices of the Queen's Institute of District Nursing. Senior members of staff from local hospitals and the community nursing services of the county, and of Gloucester County Borough met to discuss problems of communication and ways to overcome them. From this beginning it is hoped that a much closer liaison between the hospital services and the community services will develop.

Incontinence Pads

Incontinence pads and plastic pants are provided for both ambulant patients and those confined to bed

Number of pads for use in bed	....	....	130,000
Number of pads for use with pants	....	....	85,000
Total	....	....	215,000

The number of pads provided greatly exceeded that of the previous year (83,000).

(b) PUERPERAL PYREXIA

	Home	Hospital	Total
Urinary tract infection	3	—	3
Influenza and others	5	—	5
Feeding problems	3	—	3
No known cause	10	3	13
	—	—	—
	21	3	24
	—	—	—

(c) LOCAL SUPERVISING AUTHORITY

Notifications of intention to practise as midwives

(a) Employed by Hospital Management Committees	130
(b) Employed by County Council	123
(c) In private practice	—
	253

Medical aids required under Section 14 (1) of the Midwives Act, 1951

(a) Domiciliary	94
(b) Hospital	33
	127

(d) MATERNAL DEATHS

There was one maternal death during the year. Investigations were carried out and a report made for the Confidential Enquiry into Maternal Deaths.

10. Registered Nursing Homes

At the end of the year there were eleven nursing homes registered in the County. These homes provide 172 beds for general cases.

11. Health Visiting

At the end of 1970 the Health Visiting staff consisted of :—

Superintendent Health Visitor	1
Health Visitors (full-time)	84
Health Visitors (part-time)	13
District Nurse/Midwives/Health Visitors	18
State Registered Nurse Assistants to Health Visitors	18

Of the ninety-seven health visitors, six are group advisors and twelve are field work instructors. This is an increase of two field work instructors from last year. These health visitors, who have had additional training, are necessary to assist in the training of student health visitors. For nine months of their training year, students are given practical training by the field work instructor in the field and are then passed on to the group advisor for a further three months supervised practical work. The efforts of the staff in which they are supported by their health visitor colleagues is of immense importance to the future of the community health programme. They work closely with the North Gloucestershire College of Technology and, in the South of the County, with Bristol University.

<i>Movement of Staff, 1970</i>	Arrivals	Departures
Deputy Superintendent Health Visitor	—	1
Health Visitors	23	16
District Nurse/Midwife/Health Visitors	—	3
State Registered Nurses	4	1

Sixty-three health visitors are now working with 120 doctors in forty-five general practices throughout the County. This is an increase from last year and there will continue to be a gradual increase.

At present we cross boundary visit where H.V./G.P. attachment schemes exist with Gloucester City (in a limited way) and with Herefordshire and Somerset. Negotiations on the same lines are proceeding with Worcestershire.

Whilst maintaining her role as the principal adviser on child care and development, the health visitor is gradually extending her work to cover the entire family. The closer working relationships with the general practitioner has meant more referrals of a general nature covering a greater age range. Apart from giving individual and family support, they are doing more preventive work in a wider field. This begins with the new born infant, with emphasis being placed on the risk child and carries on throughout life to the care of the aged.

The bulk of the Health Education programme of the County is undertaken by the health visitors. The total audience of over 30,000 shows only set talks and discussions. A constant audience can be assumed of all mothers attending the child health clinics and being visited by the health visitor in her own home. This education ranges from ante-natal care to the care of the aged and taking in the dangers of cigarette smoking, personal relationships, venereal disease, family planning and other aspects of positive health and preventive medicine. Parentcraft classes are held in 25 schools in the County. Health visitors are constantly alert to the Health Education needs in the community.

In a densely populated area where a child health clinic is held twice a month, the two health visitors working there felt that the mothers benefitted so much from the purely social side of the Clinic that they started a mothers' club on the weekly afternoons alternate to the Clinic. It has been so organised that the children have a play group, two of the mothers work in a rota supervising this with help from fifth form school girls who attend as part of their parentcraft programme which the same health visitors run. The Youth Club leader has given invaluable encouragement and support. Within nine months the membership is 70 with an average attendance of 40 to 50. Talks, discussion groups and an occasional social event are the order of the day. This club is fulfilling a community need and others will follow their lead.

In addition we have 25 other Mothers' Clubs in the County, normally running as evening clubs.

Close liaison is maintained with all maternity, chest and paediatric departments of hospitals serving the population covered by our staff. It is hoped shortly to increase this liaison with hospitals and consultations to this end are proceeding. Nursing personnel in hospital and community meet regularly when student nurses are given practical experience (alas still too little) on the district and when staff visit hospitals to talk to staff informally or lecture students in the classroom.

Infectious disease visiting is related mainly to home nursing care of childhood illnesses such as measles and to an ever decreasing number of tuberculosis households. The contact tracing of venereal disease is dealt with by the Superintendent Health Visitor and is not, at present, a problem.

An increase of three part-time state registered nurses to assist the health visitors has become necessary during the past year to work mainly in the school medical services. Annual vision testing of all school children is now the rule. During the latter part of the year, an increase in cases of infestation has meant more hygiene inspections, an increase of 100 per cent from the previous year. This appears to have become a national problem and is a hardy perennial but all efforts are being made to contain and eradicate this problem. In addition it has been possible in many child health clinics to relieve the doctor of giving immunising injections by allowing the state registered nurse to do them.

Working consistently in the field of public relations in their own professional sphere in these day of rapid progress it is essential that the staff are given every opportunity to refresh their knowledge and to update it. We are grateful to the County Health Committee for being able to continue routine refresher

courses and to be able to attend an occasional conference. Sixteen Health Visitors went on Refresher Courses, four on middle management courses, two on a family psychiatry course, two to their professional conference and twenty on a relaxation teaching course. The highlight of our own educational programme this past year has been an inservice weekend held at the Gloucestershire College of Education attended by over half of the health visiting staff. It was a stimulating and enjoyable weekend based on "motivation". The staff were particularly grateful to the County Medical Officer of Health for his excellent summary at the end of the Course and also to the staff of the College for the care and comfort shown to them whilst they were there.

The health visiting service, which is widely known to the community in this County, looks forward to the future aware of their own high standards of professional training and ready to accept any additional task which they are called upon to do. Already many of them are being asked to give support to families where there is a bereavement or a break in the family unity. Health Education in such things as chronic bronchitis, diabetes and obesity are more and more being undertaken by the staff.

VISITS PAID BY HEALTH VISITORS, 1970

<i>Persons Visited :</i>				<i>Total Visits :</i>			
Expectant Mothers	....	....	1,879	0 - 5 years old	....	....	123,030
Children Born 1970	....	....	8,369	Aged	....	....	9,778
" 1969	....	....	9,046	Hospital After Care	....	....	577
" 1965 - 68	....	....	19,051	Mental Health	....	....	2,441
Foster Children and Adoptions	....	....	609	School Children	....	....	4,549
Care of Aged 65 and over (1,398)	....	....	3,326	Others	....	....	8,811
Hospital After Care (241)	....	....	381	Ineffective Visits	....	....	26,113
Mentally Disturbed Persons (204)	....	....	710				
Tuberculosis-Household Visited	....	....	230				
Other Infectious Diseases	....	....	179				
Other cases	....	....	4,541				
School Children—Home Visits	....	....	2,768				
Total	....	....	51,089	Total	....	....	175,299

Figures in brackets are patients visited at the request of family doctors.

<i>Sessions Attended :</i>				<i>Consultations</i>				<i>hours</i>
Child Health Centres	....	....	4,985	General Practitioners	....	....	....	2,849
School Health	....	....	1,727	Schools	....	....	....	827
General Practitioner Total	....	....	1,265	Hospital Liaison	....	....	....	942
Medical	....	....	503	Social Workers	....	....	....	274
Child Health	....	....	526	Other Field Worker	....	....	....	619
Ante-natal and Relaxation	....	....	202	Others	....	....	....	621
Post-natal	....	....	20					
Family Planning	....	....	2					
Others	....	....	14	Surveys	....	....	....	32
Cytology	....	....	126					
Relaxation and Mothercraft	....	....	1,598					
Mothers' Clubs	....	....	123					
Others (Visits to Shire Hall and S.H.V. Visits)	....	....	732					

Health Education Talks :

	Nos.	Audiences
Parentcraft	1,318	10,400
Schools Smoking	125	5,110
Schools Parentcraft	445	6,658
Schools Other	48	1,508
Colleges	9	236
Youth Clubs	18	239
Uniformed Groups	6	93
Adult Organisations	176	6,029
Total	2,145	30,273

Nurse Assistants to Health Visitors :

Clinics	Sessions
Ante-natal	143
Chest	47
Child Health	379
Cytology	176
Immunisation	259
Ophthalmic and Vision Testing	474
School Medical Inspections	1,281
Hygiene Inspections	359
Others	958
Total	4,076

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Following notice from medical inspectors at ports new immigrants are visited as soon as possible after their arrival by health visitors, who in spite of some language difficulties have been able to give information about the health services and to encourage chest X-ray examinations, where appropriate.

The countries issuing the passports were as follows :—

(a) <i>Commonwealth Countries</i>	(b) <i>Non-Commonwealth Countries</i>	<i>Total</i>
(i) Caribbean 6	(i) European 18	
(ii) India 10	(ii) Other 5	
(iii) Pakistan 1		
(iv) Other Asian 16		
(v) African 15		
(vi) Other 11		
59	23	82

In 1969, 107 notices were received in respect of 63 immigrants from Commonwealth Countries and 44 others.

HEALTH VISITORS' TRAINING COURSE

Twenty-six students completed the course of one calendar year, which terminated on the 8th September. All students successfully passed the final examination, one with distinction, six with credit, and were subsequently awarded the Certificate of the Council for the Training of Health Visitors. The external examiner, Dr. I. A. G. MacQueen, Medical Officer of Health, Aberdeen, commented that during his many years as external examiner for different training institutions, he had not encountered students of such uniform excellence.

Fourteen students were appointed as full-time health visitors in the County, one being appointed to work in Cheltenham. Eleven students were appointed to work in other local health authorities, and one student, sponsored by S.S.A.F.A., returned to Germany to carry out public health work.

Twenty-five students were accepted for training in the present course, which commenced in September. Ten were accepted under the County's scheme, two being appointed to work in Cheltenham. Fourteen were sponsored by other local health authorities. One student from Zambia was sponsored by the World Health Organisation, and one independent student was accepted.

Two students sponsored by the County had to withdraw from the course. There are therefore twenty-three students at present in training.

12. Vaccination and Immunisation

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1970

TABLE 1—COMPLETED PRIMARY COURSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963– 1966		
1. Quadruple D.T.P.P. ...	—	3	2	—	—	—	5
2. Triple D.T.P. ...	369	6,215	2,109	569	66	1	9,329
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	2	52	15	13	152	24	258
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	9	376	385
8. Salk ...	—	6	11	2	—	—	19
9. Sabin ...	329	6,248	2,209	603	341	82	9,812
10. Measles ...	4	2,202	2,589	1,197	1,825	342	8,159
11. Rubella ...	—	—	—	—	1	1,153	1,154
11. Lines 1+2+3+4+5 (Diphtheria) ...	371	6,270	2,126	582	218	25	9,592
12. Lines 1+2+3+6 (Whooping Cough) ...	369	6,218	2,111	569	66	1	9,334
13. Lines 1+2+4+7 (Tetanus) ...	371	6,270	2,126	582	227	401	9,977
14. Lines 1+8+9 (Polio) ...	329	6,257	2,222	605	341	82	9,836

TABLE 2—REINFORCING DOSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963– 1966		
1. Quadruple D.T.P.P. ...	—	—	—	—	—	—	—
2. Triple D.T.P. ...	2	259	1,576	452	833	50	3,172
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	—	—	4	9,071	358	9,433
5. Diphtheria ...	—	—	—	—	47	5	52
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	3	149	1,943	2,095
8. Salk ...	—	—	—	—	2	—	2
9. Sabin ...	2	184	609	224	10,009	2,116	13,144
11. Lines 1+2+3+4+5 (Diphtheria) ...	2	259	1,576	456	9,951	413	12,657
12. Lines 1+2+3+6 (Whooping Cough) ...	2	259	1,576	452	833	50	3,172
13. Lines 1+2+4+7 (Tetanus) ...	2	259	1,576	459	10,053	2,351	14,700
14. Lines 1+8+9 (Polio) ...	2	184	609	224	10,011	2,116	13,146

TABLE 3—SMALLPOX VACCINATION

Numbers	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
Vaccinated ...	34	47	39	99	3,985	1,239	346	5,789
Re-vaccinated ...	—	—	—	—	—	89	1,317	1,406

TABLE 4—TUBERCULIN TESTS AND B.C.G. VACCINATIONS

A. CONTACTS :

Skin Tested	....	....	....	....	....	414
Found Positive	....	....	....	....	....	63
Found Negative	....	....	....	....	....	289
Vaccinated	....	....	....	....	....	269

B. SCHOOL CHILDREN AND STUDENTS :

Skin Tested	....	....	....	....	....	6,200
Found Positive	....	....	....	....	....	681
Found Negative	....	....	....	....	....	5,080
Vaccinated	....	....	....	....	....	5,023

13. Ambulance Service

(a) CASES CARRIED AND MILEAGE RUN DURING 1970 :—

Patients					Mileage				
(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total	(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total
76,070	95,036	39,380	52,660	263,146	754,026	346,040	285,481	631,423	2,016,970

During October and early November industrial action by ambulancemen considerably reduced the number of cases carried. Although demands on the service throughout the remainder of 1970 were slightly above the 1969 level this action resulted in the Ambulance Service conveying 15,977 fewer patients and running 17,576 miles less than in the preceeding year. The use of the Hospital Car Service was not increased during the period of industrial action, but during the year carried 1,305 more cases and ran 26,683 more miles than in 1969.

(b) PERSONNEL

Staffing at the end of 1970, excluding H.Q. Staff, was as follows :—

3 Superintendents	14 Sub Officers
14 Control Operators	119 Ambulancemen
6 Station Officers	1 Ambulancewoman

(c) VEHICLES

Vehicle strength at the end of the year, including reserves :—

Ambulances 33	Sitting case vehicles 15
Bus-type vehicles 20	Equipment vehicles 4

(d) TRAINING

Three Induction Courses for new entrants were held at Ullenwood.

Twenty-three men were seconded to the Regional Training School for two week courses and seventeen for six week courses. The average marks obtained were 80.8% and 89% respectively and all were successful.

(e) EQUIPMENT

Following the successful pilot study in the use of Oxygen/Nitrous Oxide (Entonox), which commenced in 1969, all remaining Ambulances were equipped during March.

14. Prevention of Illness, Care and After-Care

(a) CHIROPODY SERVICE (including Cheltenham Municipal Borough)

At the close of the year the chiropody staff in the County area consisted of the Chief Chiropodist, Deputy Chief Chiropodist, seven Senior Chiropodists, and six part-time Chiropodists employed on a sessional basis. During the year Mr. John Spencer, Senior Chiropodist, was appointed to the new post of Deputy Chief Chiropodist. One Senior Chiropodist and one part-time Chiropodist resigned. Miss Ann Bryan and Mrs. A. W. Horlock joined the staff as Senior Chiropodists in August and November respectively.

In Cheltenham Borough the Health and Welfare Committee employs seven part-time Chiropodists. Five of these work from their own surgeries and two in a surgery provided by the Borough Council. In addition domiciliary treatments are provided in the patients' own homes and in private residential homes for the elderly. There is still a constant demand for this service in Cheltenham Borough and there is a long waiting list.

When one additional Chiropodist joined the staff in October, the County Chiropodists' work areas were restructured and increased from eight to nine. In November/December the Management Services Department of the County Council carried out a study of the work of the County Chiropodists with a view to planning future policy and re-organisation.

In June the new Health Centre at Yate was opened, and like Thornbury has a fully equipped Chiropody surgery. The service is also carried out at ninety-five centres throughout the County, using four mobile units and utilizing village halls to supplement the accommodation. These clinics are held at an average frequency of one visit every four weeks. Visits are also made every four weeks to twenty-five County Welfare Homes.

The average interval between treatments over the whole County is now ten weeks. Patients are accepted for treatment on the recommendation of a general medical practitioner, health visitor or district nurse. Transport is provided by the County Ambulance Service, when recommended on medical grounds, and if required for other than medical reasons through the voluntary organisations.

In the case of persons who are so handicapped that they are housebound or bedridden, arrangements are made for treatment to be carried out in the patient's home (2,226 home visits were made).

In the Health Education field the Chief Chiropodist has given twelve talks on foot care to various bodies, among them the Gloucestershire Community Council, Women's Institutes, Mothers' and Old People's Clubs, which were much appreciated.

Two Chiropodists attended a Foot Health Education In-Service Training Course at Missenden Abbey Adult Education College, Buckinghamshire, in October. A County Council sponsored student commenced a three year full-time Chiropody study in September at the Salford College of Technology.

The voluntary assistance rendered by local Organising Secretaries provided by Old People's Welfare Organisations, the British Red Cross Society and the Women's Royal Voluntary Services, is greatly valued.

The Chiropody Service is in great demand throughout the County and is much appreciated by the elderly members of the community and handicapped persons. Efforts have been made to improve the service by increasing the staff and thus providing a more frequent service to patients generally. It is anticipated this trend will continue.

NUMBER OF PERSONS TREATED

	Females aged 60 and over Males aged 65 and over	Expectant Mothers	Handicapped Persons	Total	Percentage Increase
County Area	7,421 (7,135)	19 (5)	92 (85)	7,532 (7,225)	4.3
Cheltenham M.B.	986 (958)	1 (—)	7 (6)	994 (958)	3.8
Totals, 1970	8,407	20	99	8,526	4.2
Totals, 1969	(8,093)	(5)	(91)	(8,189)	

NUMBER OF TREATMENTS

	At Clinics and Centres				Welfare Homes	In Patients' Homes	In Chiroprodists' Surgeries	Totals	Percentage Increase
	Elderly	Handicapped Persons	Expectant Mothers						
County Area	20,876 (20,164)	161 (138)	6 (2)		3,260 (3,351)	2,075 (1,605)	— (—)	26,378 (25,260)	4.4
Cheltenham M.B.	1,045 (30)	— (—)	— (—)		158 (130)	151 (98)	1,036 (1,355)	2,390 (1,613)	48.17
Totals, 1970	21,921	161	6		3,418	2,226	1,036	22,768	7.05
Totals, 1969	(20,194)	(38)	(2)		(3,481)	(1,703)	(1,355)	(26,873)	

STAFF, 31ST DECEMBER, 1970

	Whole time	Employed on a sessional basis	Whole-time equivalent of sessional staff	Paid on a fee for treatment basis	Total
Gloucester County	9	6	1.19	—	15
Cheltenham M.B.	—	1	0.10	6	7
Totals	9	7	1.29	6	22

(b) HEALTH EDUCATION

The Health Education Advisory Committee met six times during the year. It was decided that one particular aspect of health should be the target for each year and chronic bronchitis was chosen for 1970. The object of the campaign was to try to make people more aware of the nature of chronic bronchitis and what they could do to protect themselves from it, or to alleviate the symptoms once the illness had developed, and also to discover how much notice was taken of publicity of this nature and whether the knowledge of the public could be improved about a topic such as chronic bronchitis. It is a crippling illness causing ten times more loss of work than that caused by industrial strikes ; 30,000 deaths due to the disease were recorded in 1968, 268 of them in Gloucestershire. Chronic bronchitis is largely preventable, if men and women and boys and girls can be persuaded to abandon the self damaging habit of cigarette smoking and the whole country became a smokeless zone.

The campaign was started during September in Cinderford and Dursley. Prior to this a survey was undertaken to find out what people already knew about the disease. For this purpose a 5% random sample of the population was taken from the electoral roll and those chosen were asked to fill in a questionnaire. This revealed some mis-understanding and uncertainty about some aspects of the disease, particularly its crippling nature, and a further survey will be conducted in March 1971 to discover whether the campaign has been successful. Publicity consisted of the display of posters ; exhibits were erected in all available premises, including clinics, Health Centres, public offices, libraries, factory canteens, cinemas, public halls and shops ; talks to adult and youth organisations ; distribution of leaflets and publicity in the press. Valuable help was received from local organisations with the distribution of leaflets and in conducting the survey. It is planned successively to cover other towns within the County during 1971.

A request for the display about cervical cytology was received from the Oxford Cancer Information Association as part of an exhibition organised by them in the Town Hall at Oxford. Displays on a variety of health topics have continued to be displayed in many sites throughout the County.

Study days for members of staff are regularly organised and the annual residential course on Communication in Health Education was again held at Cowley Manor, 25% of members being from outside authorities. The Health Education Officer attended a course at Cambridge in April and was invited by the Health Education Council to take part in a residential conference in Bangor on " The Future Development of Health Education as a Profession " in August.

Requests for talks and group discussion sessions continue to be received from schools, youth and adult organisations. It is noticeable that the major part of health education is requested by and directed towards the female part of the population, perhaps this is why the expectation of life for women has improved very much in the past quarter century, but for men has stayed constant despite improvements in the standard of living.

TALKS GIVEN

Parentcraft Classes	....	....	....	1,715	Schools	Parentcraft	....	....	....	509
Adult Organisations	....	....	....	510		Smoking and Health	....	....	....	221
Youth Organisations	....	....	....	178		Other Subjects	....	....	....	88
					Film Shows		....	....	....	248

(c) GENERAL

(i) *Home Nursing Requisites*

The British Red Cross Society and the St. John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintained 62 depots and the voluntary effort expended in administering these depots is a source of much satisfaction. Articles which are required for long periods or permanently are supplied through the Department.

(ii) *Rest Homes*

Patients in need of rest and recuperation, numbering 128 in the year, were sent to voluntary administered homes.

15. Home Help

There was little expansion of the Service during the year, due to recruitment difficulties, which necessitated a cut back in the weekly allocation of hours to individual cases.

As usual there was a substantial increase in the number of households receiving help due to the presence of elderly persons or the need to support the young chronically sick. Maternity work reached an all time low and there would appear to be no likelihood of any change in the current pattern. If any help is requested at all, it is usually minimal and is needed to support mothers after their hospital confinements. A request for full-time help for a home confinement is rarely made.

Child care work continues and throughout the year, at anyone time, approximately 25 families were receiving total care to maintain the family unit, where the mother had died or left home due to marriage breakdown. Large allocations of hours are usually necessary for these families due to the number and ages of the children. Home helps are engaged specifically for each family so that the least disruption to family life is caused.

Organisers are regularly consulted by fathers, who are placed in this kind of predicament, and who wish to make arrangements for the care of their families outside the service. Help is given in the preparation of advertisements and the interviewing of applicants. This is a time consuming operation, but is much appreciated by those who have had occasion to avail themselves of it.

A survey was carried out during the year to ascertain the extent to which home helps were being used to support the elderly living in sheltered housing provided either by local housing authorities, or voluntary societies. It was discovered that regular help is given to 30% of all the tenants in this type of housing. This includes the provision of laundry service, where special laundry facilities have been provided by the local housing authority.

In March fifteen home helps went to an International Conference held in London, attended by home helps from sixteen other countries.

One day training courses were held in Gloucester, Hanham and Coleford, which were attended by approximately 500 home helps. The programme was based on rehabilitation and care of the elderly and handicapped following hospital discharge. Physiotherapists from a local hospital gave lectures and practical demonstrations and advice on personal care were given by the County Nursing staff. Films were shown and a display of aids for the handicapped created great interest.

The local publicity which followed these events and the implementation of a 25% national wage award towards the end of the year provided some stimulus to recruitment, but the annual figures showed an average turnover of 30 - 40% in most parts of the county, which put a great strain on the organising staff.

Plans for reorganising the service to fit in with the other services, which will form the new Social Services Department, were completed by the end of the year, and area boundaries to be co-terminous with those of the other services were agreed.

HOME HELPS

12 full-time (including 2 resident helps).

1,139 part-time and casual.

Total number of hours worked in year 807,256.

Families assisted .

	Aged 65 and over on 1st visit	Aged under 65 on first visit				Total
		Chronically sick & T.B.	Mentally Disord'd	Maternity	Others	
Cases current 1st Jan., 1970	2,647	284	8	11	126	3,076
New cases occurring during the year	1,236	187	17	432	651	2,523
Night sitting cases	16	—	—	—	—	16
Total for year	3,899	471	25	443	777	5,615

Families investigated where no help given 939.

16. Social Services

The reorganisation of social worker teams to operate in five areas is now effective particularly in the services for the blind/partially sighted and mentally disordered, but adequate social worker support is limited for those persons with hearing defects or physical handicap. The Health Committee secured an increased establishment to provide three social workers to assist these handicapped persons, and appointments will be incorporated within the Social Service Department team structure. The implementation of the Chronically Sick and Disabled Persons Act, 1970, will require additional social workers, aids and adaptations and, of course, an increasing financial provision.

Liaison with the Chief Education Officer has been effectively developed to ensure a smooth transfer of responsibility and administration of the Junior Training Centres, or Schools, which will take effect on 1st April, 1971. Staff Conferences were arranged to facilitate the discussion of problems, and meetings with parent organisations were also held. Staff have also had adequate opportunities of discussing future arrangements with the Director of Social Services and of participating in Working Parties on the future Social Work Team structure, staff recruitment and training, and residential services.

The staff of Schools, Centres, Hostels and Social Work teams, and of the Health Department, view the radical changes of 1971 with some concern but I am sure that everyone involved is determined to ensure that the services for those needing help and support will continue to be as effective and efficient as financial, staffing and material resources permit.

Two Trainee Welfare Officers were seconded for 1970/72 Certificate in Social Work Courses. On completion of their Courses, one is expected to specialise in social work with the deaf and hard of hearing. Two other Trainee Social Workers are programmed for Courses commencing in 1971/72. Financial restrictions will, however, limit the number of staff for secondment to training courses in 1971.

(a) BLIND

(i) *Age at Onset of Blindness of New Cases*

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Un-known	T.
M.	1	-	-	-	-	1	-	-	-	-	3	4	2	6	20	5	7	2	1	52
F.	2	-	-	-	-	1	-	2	-	-	3	4	2	11	30	18	11	5	—	89
T.	3	-	-	-	-	2	-	2	-	-	6	8	4	17	50	23	18	7	1	141

The total number of blind persons in the County was 1,187 as compared with 1,173 in 1969. The above registrations of new cases do not include transfers from other Authorities.

(ii) *Staff*

All posts were filled by social workers qualified in Blind Welfare. One social worker successfully completed the qualifying course for the Certificate in Social Work during the year and it is hoped that other officers will be released for this training during the present year.

(iii) *Social Work in the Community*

During the year 7,517 visits to blind persons and their families were made by the social welfare officers to give advice and help to newly blinded persons to help them to adapt to their handicap. In addition 1,388 lessons in Braille and Moon methods of embossed reading were given, as well as lessons in handicrafts designed to help people develop their tactile sense.

(iv) *Recommendations of Ophthalmic Surgeons and Causes of Blindness*

Recommendations	Causes		
	Cataract	Glaucoma	Other
(a) No Treatment	13	4	44
(b) Treatment (Medical, Surgical or Optical) ...	23	12	45
(c) Number of Cases which on follow-up action have received treatment	14	9	22

(v) *Education and Employment*

Ages					
Under 2	At Home	....	....	....	0
2 - 4	At Home	....	....	....	0
	Not Suitable for School	....	....	....	0
	Nursery School	....	....	....	1

<i>Ages</i>		
5 - 15	Special School (7), with other defects (-)	7
	Other School, no other defects	5
	with other defects	3
	Not at School, no other defects (2), other defects (1)	3
	Not Suitable for School	13
16 - 20	Vocational Training	0
	Open Employment	2
16 and over	Undergoing Training for Open Employment	1
	Undergoing Training—Professional Employment	0
	Undergoing Training—Sheltered Employment	1
	Unemployed Subject to Training	6
	Unemployed—already trained, Open Employment	5
	Unemployed—already trained, Sheltered Employment	2
	Unemployed but Capable without Training	6
	Workshops for the Blind	8
	Homeworkers	13
	Gainfully Employed	82
	16 - 59 Not Available	48
	60 - 64 Not Available	25
16 - 59	Not Capable	56
60 - 64	Not Capable	33
Over 65 ....	.....	867
Total		1,187

(vi) *Rehabilitation and Training*

During the year three men attended the Industrial Rehabilitation Centre, Torquay. Two men undertook further training at the Government Training Centre, Letchworth. One man has started training as a Basket Maker with a view to becoming a Home Worker and one woman started a probationary period of employment at the Bristol Royal Workshops for the Blind.

(vii) *Homeworkers Scheme*

At present fifteen Homeworkers are employed in their own homes. Their occupations are very varied and include shop keepers, piano tuners, basket makers, salesmen and smallholders.

(viii) *Centres and Group Work*

Social Centres for blind persons have been held fortnightly in Cheltenham and monthly in Almondsbury, Cinderford, Cirencester, Kingswood, Stroud and Wotton-under-Edge. In addition weekly classes have been held at Churchdown, Cinderford, Cheltenham, Kingswood and Stroud, which afford an opportunity for the staff to undertake some form of rehabilitation in relation to help with mobility, development of tactile senses, as well as with instruction in overcoming the handicap of blindness.

(ix) *Deaf/Blind Persons*

This group of doubly handicapped persons whose only means of communication is by the use of the Deaf/Blind Manual, or by block letters written on their hands, has been given special attention and time during the year. Quarterly meetings within the County have been held and six of them attended a residential course designed to help them preserve speech and keep them in touch with current affairs.

(x) *Blind Persons in Residential Accommodation*

The policy of integration of blind and partially-sighted persons in Welfare accommodation has continued in consultation with the Welfare Department during the year and 126 persons were resident in Part III accommodation at the end of the year.

(xi) *Sales*

Owing to the enthusiastic efforts of the Sales Organiser and her staff, an increased number of articles made by blind people, both at home and at classes was sold.

(xii) *Talking Book Service for the Blind*

The provision of Talking Books for blind persons is greatly appreciated. The rentals, paid by the Local Authority to the British Talking Book Service, enable blind and partially-sighted persons unable to read print to choose and listen to books on practically any subject of their choice.

Our thanks are due to the many people in the County who have entertained blind persons in their homes and given help in so many ways.

(xiii) *Gloucestershire County Association for the Blind*

Our thanks are due to this Voluntary Organisation. Once again they have financed all transport for Social Centres and Handicraft Classes and in addition paid for the hire of the halls.

Blind persons from the Forest of Dean, Kingswood and Warmley, and Cirencester attended Group Holidays at Paignton organised by the Social Workers and subsidised by the Association. During the year many outings for blind and partially-sighted persons were also organised and financed by the Association.

Special aids and apparatus including braille writing machines, typewriters, tape recorders and embossed literature were provided from voluntary funds. In addition special grants were made to blind persons for holidays, clothing, heating, etc.

All blind and partially-sighted children in the County attended a day's outing to Evesham in the Spring holiday which was very much enjoyed.

The generous help given by the Voluntary Association does a great deal to extend the welfare of blind and partially-sighted persons in the County, and is greatly appreciated by all concerned.

(xiv) *Western Regional Association for the Blind*

The Association organised a Course for Deaf/Blind persons to help the use of speech and develop means of communication.

Three Social Workers attended a Refresher Course also organised by the Association.

The Association completed its plans for the provision and training of a Mobility Officer for the region and it is hoped the County will have the services of this Officer in the near future in this important and expanding field of work with blind persons.

(b) **PARTIALLY-SIGHTED**

The total number of Partially-Sighted persons in the County was 269, which was an increase of two on the previous year.

(i) *Register—Age Groups, 31st December, 1970*

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M.	—	2	24	10	31	18	39	124
F.	—	—	10	2	16	10	107	145
T.	—	2	34	12	47	28	146	269

The following shows how the Register is compiled :—

Ages			
0 - 1	At Home or Unsuitable for Education at School	0	0
2 - 4	At Home or Unsuitable for Education at School	2	2
5 - 15	Attending Special Schools for Partially-Sighted	13	13
	Attending Other Special Schools	6	6
	Attending Ordinary Schools	8	8
	Not at School but receiving Home Tuition	3	3
	Suitable for Education at School but not receiving Education	0	0
16 - 20	Unsuitable for Education at School	4	4
	Undergoing Training	4	4
	Employed	6	6
	Available and Capable of Training	1	1
	Not Available	1	1
Over 21	Training	3	3
	Unemployed	2	2
	Employed	51	51
	Not Available	165	165
Total		269	269

(ii) *Newly Registered (Excluding Transfers from other areas)*

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M.	—	—	5	1	—	2	9	17
F.	—	—	—	—	—	2	14	16
T.	—	—	5	1	—	4	23	33

(iii) *Recommendations of Ophthalmic Surgeons—Causes of Partial Blindness*

Recommendations	Causes		
	Cataract	Glaucoma	Others
(a) No Treatment	2	0	17
(b) Treatment (Medical, Surgical or Optical)	6	2	6
(c) Number of Cases which on follow-up action have received treatment	3	2	2

(c) DEAF

A total of 2,091 visits were made during the year by the Senior Social Welfare Officer for the Deaf, and the Social Welfare Officer. Of these 73 were to children under 2, 462 to those over 2 but under 16, 704 to age groups between 16 and 65, and 852 to over 65's.

With the appointment of a Social Welfare Officer covering South Gloucestershire, the service to the acoustically handicapped has been considerably extended. Up to the time of this appointment, South Gloucestershire had only minimal coverage, but with an officer based at Yate Health Centre, it has been possible to develop a service with close liaison with general practitioners, as well as health visitors, hospitals, employment departments, Social Security, social work colleagues and voluntary bodies.

The Senior Social Welfare Officer accompanied consultant otologists on domiciliary visits to ten housebound people and followed up with training and social support after they had been fitted with hearing aids.

Three baby alarms, specially designed for deaf mothers, who could not hear their babies cry were purchased. These are all in use.

A swimming club in Cheltenham originally started to occupy deaf children and their families during the previous summer vacation, proved such a success that it was decided to run it permanently. Unexpected effects included the unimprovement in confidence in the children and enormous benefit was experienced by parents meeting in such a relaxed and informal atmosphere.

The Cheltenham Deaf and Hard of Hearing Club continued to meet twice monthly in the evening.

A total of 17 talks was given during the year, three by the Social Welfare Officer in South Gloucestershire, and fourteen by the Senior Social Welfare Officer. The audiences included student health visitors, nursery nurses, pupil midwives, pre-nursing, and social worker students, playgroup leaders, St. John's Ambulance Cadets, Girl Guides, British Legion, Women's Institutes, Old People's Clubs and church organisations.

The Senior Social Welfare Officer for the Deaf attended the International Conference on Pardo-audiology in Stockholm and benefited greatly from the exchange of ideas and alternative methods of approach.

All in all 1970 was a year when a great deal was achieved, but only by both officers working abnormal hours. The service has now reached saturation point, but the number of acoustically handicapped seeking help is still increasing. If the present standards are to be maintained, extra staff must be appointed.

The Bristol Institute and Gloucester Association for the Deaf have, through their Superintendents, offered a wide variety of social and cultural help to the deaf living within their areas. Assistance with seeking employment and interpreting at courts and interviews has also been given.

The numbers on the register at 31st December, 1970, were as follows :—

Classification	Children under age 16	Persons age 16 - 64	Persons aged 65 and over	Total
(i) Deaf with Speech—Male	42	67	14	123
Female	24	70	19	113
(ii) Deaf without Speech—Male	10	70	9	89
Female	10	31	11	52
(iii) Hard of Hearing—Male	119	194	216	529
Female	111	204	539	854
Total	316	636	808	1,760

(d) PHYSICALLY HANDICAPPED

Register

The number of physically handicapped on the register at the end of 1970 was 2,544, plus 980 over 70 years of age, making a total of 3,524. During the year 472 new cases applied for help including 283 on the register and 189 over 70 years of age.

Major Handicaps	Under 16	16- 29	30- 49	50- 64	65+	Total
Amputation	1	5	12	46	44	108
Arthritis or rheumatism	5	9	60	207	368	649
Congenital malformations or deformities	67	24	14	15	8	128
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	10	18	39	98	58	223
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	53	67	78	104	90	392
Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	42	91	166	268	211	778
Neuroses, psychoses, and other nervous and mental disorders	1	1	10	8	6	26
Tuberculosis (respiratory)	—	7	25	19	19	70
Tuberculosis (non-respiratory)	3	2	12	13	9	39
Diseases and injuries not specified above	10	19	23	37	42	131
Total	192	243	439	815	855	2,544

Occupational Therapy

The staff includes five full-time, two part-time and three sessional Occupational Therapists together with Technical Instructors at the Cinderford and Yate Occupational Therapy Centres.

5,640 Domiciliary visits were made by the Occupational Therapists during the year and 588 disabled people received instruction in craftwork and aids to daily living. The demand for these aids has increased remarkably, especially for raised toilet seats and frames, walking aids and bath aids.

Occupational Therapy Centres are functioning as follows :—

Cinderford	....	Valley Road (purpose built)
Yate	....	Health Centre (purpose built)
Cirencester	....	Leaholme, The Avenue—(conversion with voluntary help)
Cheltenham	....	Whaddon Boys' Club, Dart Road
Stroud	....	Church Institute

The Yate Occupational Therapy Centre, purpose built in the new Health Centre, was opened in September, 1970, and is now working to full capacity. It comprises a workroom, a cloakroom with two toilets (one specially suitable for a wheelchair), a small kitchen and store/office. It operates five days a week taking twelve to fourteen disabled each day and is much appreciated by those who previously attended, temporary centres in Filton and Soundwell.

South Gloucestershire

A Social Worker was appointed in July to work in the South Gloucestershire area (excluding Thornbury Rural District) based on the Yate Health Centre. Here the nucleus of an effective service has been created linking the existing Domiciliary, Occupational Therapy and Voluntary Services with the new Occupational Therapy Day Centre.

Valuable links have been forged with local hospitals and other agencies, and as the work increases there is a strongly emerging need for more services for the aged handicapped, specially designed transport and more Day Centres.

Adaptations

Many more adaptations have been carried out in the homes of the disabled during 1970 to enable them to be as independent as possible. These include hand rails down steps and grab rails in toilets and bathrooms, also the installation of toilets, hoists, sink units and ramps.

The Chronically Sick and Disabled Persons Act, 1970

The passing of this Act in May, 1970, was a milestone in the history of work for the disabled and it brought in many new enquiries and requests for help, particularly highlighting the need for :—

- (a) Initial assessment by a Social Worker. (Many requests for a telephone proved to be cries for help in other respects).
- (b) An adequate case work service.
- (c) Good liaison with local pressure groups and voluntary workers.
- (d) An adequate supply of aids to independence.

An extra £1,000 was made available to help to deal with urgent cases particularly those needing telephones, aids or adaptations.

British Red Cross Social Clubs

These social clubs continue to be exceedingly popular with many varied activities including outings, parties, "nearly new" clothing sales, illustrated talks and special holidays.

Clubs meet regularly at Alveston, Cheltenham, Cinderford, Cirencester, Coalpit Heath, Dursley, Gloucester, Stow-on-the-Wold, Stroud, and Yate.

The success and expansion of these clubs is largely due to the untiring efforts of so many enthusiastic Red Cross members who not only organise the clubs and provide home-made teas but often help with transport.

Young Physically Handicapped Club

Following a successful party at Leaholme, Cirencester, for disabled young people under 30 years of age, it is hoped to form a club for this age group drawn from all over the county.

St. Francis Day Centre, Churchdown

This centre for Elderly Homebound persons meets fortnightly and provides meals, social activities and a short service for many local people who would otherwise rarely go out. It is run by volunteers, supported by local clergy, and the W.I. provides transport with some help from the Hospital Car Service.

Transport

Transport to Centres and Clubs is mainly provided by the Hospital Car Service except for wheelchair cases when the County Ambulance Service uses mainly tail-lift vehicles. Disabled drivers are encouraged to use their Invacars and given a small allowance for petrol. Use is also made of the Cheltenham Wheelchair Bus, the Watermoor tail-lift vehicle in Cirencester and a minibus recently provided by the Round Tablers for the use of handicapped people in the Forest of Dean. These specially adapted vehicles greatly facilitate the loading of heavy wheelchairs and make outings possible and comfortable for the very severely disabled.

Holidays

The British Red Cross Society this year arranged for 137 disabled people attached to their clubs to enjoy holidays at special Holiday Camps at Westward Ho, St. Audries Bay and Weston-super-Mare. This type of holiday is becoming increasingly popular and already plans are being made for next year when it is hoped to increase the grant for these holidays.

The British Red Cross Society also arranged for a group of severely disabled young people aged from 16 - 30 years to have an exciting holiday in Jersey at a specially built hotel.

Once again the B.R.C.S. camp for severely disabled children at Cinderford, proved a great success and included many chair cases.

Holidays have also been arranged at Burnham-on-Sea and at Rockleaze Holiday Home near Plymouth.

Disabled Motorists

Sixty-six new applications for Yellow Discs were received this year and 82 renewals. 489 badges have been issued since the scheme started. The disabled motorists very much appreciate the help these badges give them with access to shops, etc., free parking, and exemption from toll when using the Severn Bridge.

Since the Chronically Sick and Disabled Persons Act came into force, many applications have been received for Passenger Badges and it is hoped that these will be available in the near future.

Gloucestershire for the Disabled

Data for this guide book on access for the disabled has now been collected by the British Red Cross Society with the help of members of our voluntary committees, and will be published in the near future.

Greetings Cards

Sales of these re-made cards continue to improve and this year reached £290 in spite of increased costs, thanks to the enthusiastic help of our voluntary organiser, who operates the scheme from Community House. The scheme provides light work for many disabled home-bound people and results in useful publicity.

Voluntary Help—21st Anniversary

The social side of the work which is becoming increasingly important, has been successfully carried out by the eight Area Committees for the past 21 years. To celebrate this special occasion a Conference was held at Cowley Manor, attended by voluntary workers from all parts of the county, at which the guest speaker was Mr. O. Denly, M.B.E., who had been responsible for a special project on "Access for the Disabled."

Mr. Denly, a member of the Parliamentary Committee of the Central Council for the Disabled, explained the various sections of the new Act, with the use of slides, and stressed the importance of its implementation as soon as possible. As a wheelchair user himself he had been invited to advise Mr. Alfred Morris, M.P., on various aspects of the bill, particularly those relating to Access.

Members of all the voluntary Committees were sincerely thanked for their help over the past 21 years.

Sale of Goods made by Blind and Physically Handicapped

The Sales Organiser and Assistant Sales Organiser, together with other members of the staff, attended 85 sales and gave ten talks during 1970.

Sales figures continue to increase at the shop at No. 2 College Street, Gloucester. The stall at Gloucester Market was again kindly loaned by the County Federation of Women's Institutes and manned by two voluntary helpers. Support is willingly given by many factories and offices.

The total sales during the year amounted to £11,250 compared with £11,700 during 1969.

Sheltered Employment

The Sheltered Workshop (Alpha Works) in Valley Road, Cinderford, continues to operate at full capacity and provides employment under sheltered conditions for 35 severely disabled men, who travel from all parts of the Forest of Dean.

Subject only to absence caused by illness, all employees work a forty hour week.

The workshop operates on sub-contract work provided by industries within the County, and during the year sales exceeded £21,000 and made a major contribution toward the cost of operating the workshop.

(e) MENTALLY DISORDERED

(i) *Staff*

Five Senior Mental Welfare Officers were promoted, to Area Mental Welfare Officer posts, on grades comparable with those of Area Child Care Officers and Area Welfare Officers. Deputy, or Senior, Mental Welfare Officer grades are approved, from 1st April, 1971. These improved gradings, and the proposed structure of the Social Service Department area teams, will offer career prospects more likely to retain, or attract, competent and qualified social workers.

During 1970, three Mental Welfare Officers successfully completed Certificate in Social Work Courses, three further Officers complete two-year Courses in July, 1971, and one Officer was seconded for a 1970/72 Course.

Two female Mental Welfare Officers resigned in 1970 ; one for " family " reasons, and the other is now undertaking social work with the physically handicapped in South Gloucestershire.

Four Mental Welfare Officers were appointed to fill these vacancies, and two posts in the Cheltenham area vacant since 1969. One qualified Officer transferred from the County Welfare Department, one is a qualified Health Visitor, and two hold degrees of B.Sc. (Sociology).

Additional Instructor establishments were approved for Adult and Mixed Training Centres to maintain the recommended staff/trainee ratio and to permit adequate educational and social training programmes. These appointments will be phased in 1971/72 within the available budget provision.

The issue of revised Conditions of Service, by the National Joint Council, for adult centre staff is still awaited. The delay is causing some concern and a lowering of morale to the staffs of adult centres, many of whom hold similar qualifications, and are engaged for longer working days and with shorter holidays, in comparison with the service conditions of Junior School staff transferring to the Education Service under Burnham scales.

(ii) *Mental Nursing and Residential Homes*

One Mental Nursing Home—The Manor House, Frenchay—remains on the Council's register and is regularly visited. Registration of a further Mental Nursing Home—"Meredith," Tibberton—is approved and the Certificate will be issued when the Chief Fire Officer approves the fire precaution arrangements.

Oak House Trust Ltd., Newlands, Coleford, is registered as a Residential Home, together with "Manor Cottage," Frenchay.

These premises are regularly visited, together with other establishments (e.g. Home Farm Trust Ltd.) when the management seek advice and support. In future, the Social Services Committee will be responsible for the registration, inspection and conduct of Residential Homes, but the Health Committee retains responsibilities for the Mental Nursing Homes.

(iii) *Boarding-Out*

The Mental Welfare Officers have had limited success in securing suitable board-residence accommodation for mentally handicapped clients. Some placements have been successfully arranged and a supplement of £2.50 per week is available for persons with low incomes who require such accommodation.

(iv) *Mental Welfare Officers*

At 31st December, 1970, the full establishment of Mental Welfare Officers was in post and the following table summarises the staff and their qualifications :—

Post Held	Certificate in Social Work	Declaration of Recognition of Experience	Attending C.S.W. Courses	B.Sc. (Sociology)	Others	Number Employed
Area M.W.O.	*4	*2	—	—	—	5
Senior M.W.O.	1	—	—	—	—	1
M.W.O.	14	—	4	2	2	22
Trainee Welfare Officers	—	—	2	—	1	3
Totals	*19	*2	6	2	3	31

*One Area Mental Welfare Officer holds the Certificate in Social Work and also the Declaration of Recognition of Experience. The Principal Social Worker and the Senior Welfare Officers for the Blind, Deaf and Physically Handicapped also hold the Declaration of Recognition of Experience.

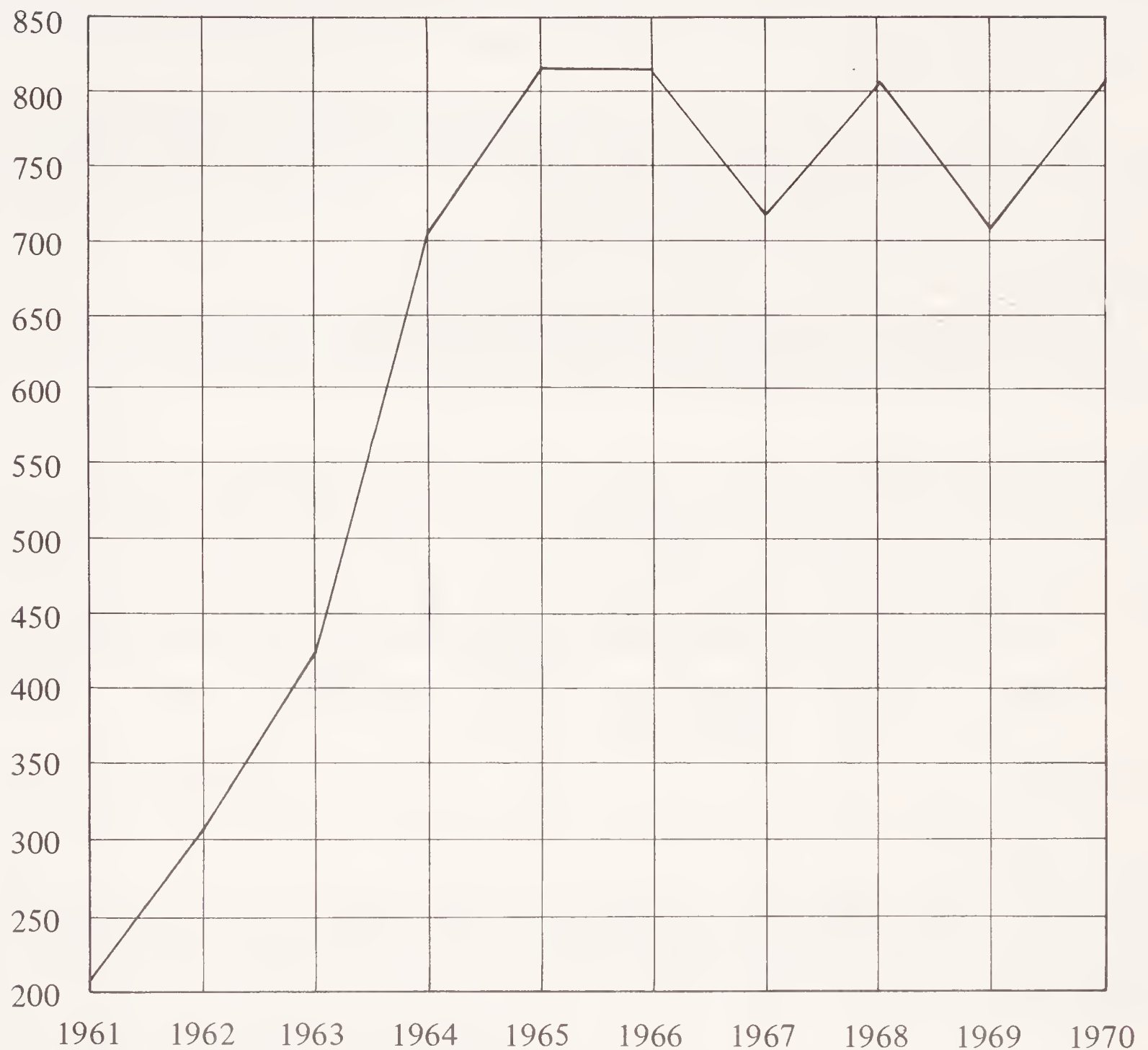
WORK IN THE COMMUNITY

(a) *Mental Illness*

(i) COMMUNITY CARE

At 31st December, 1970, the Mental Welfare Officers were visiting 816 patients, compared with 708 at 31st December, 1969. There was a steady increase, until 1965, in referrals following the Mental Health Act, 1959, but the number of persons requiring social support has since remained relatively constant. This is probably due more to the limited availability of social workers than to the fact that support is afforded to all mentally disordered persons for whom such support would be beneficial.

Number of Mentally Ill patients receiving supportive visits from
Mental Welfare Officers.



(ii) HOSPITAL ADMISSIONS AND DISCHARGES

The Mental Welfare Officers were directly concerned with the admission of 569 mentally ill patients. Cases admitted in 1969 totalled 552 and the comparable percentages are shown :—

					1970	1969
Informal	....	....	....	....	175 (30.8%)	(29.0%)
Observation (S.25)	....	....	....	....	162 (28.4%)	(28.1%)
Treatment (S.26)	....	....	....	....	22 (3.9%)	(5.4%)
Emergency (S.29)	....	....	....	....	206 (36.2%)	(36.8%)
Court Orders	....	....	....	....	4 (0.7%)	(0.7%)
					—	
Total	....	....	....	....	569	
					—	

The following table, compiled from information supplied by the Secretaries of the Hospitals concerned, summarises the County patients admitted for hospital treatment during 1970 :—

Hospitals	Informal	Subject to Detention	Total	Percentage of Informal Admissions
Horton Road and Coney Hill	555	319	874	63.5%
Glenside	159	23	182	87.4%
Barrow	78	8	86	90.7%
Littlemore	18	7	25	72.0%
Totals	810	357	1,167	average 69.4%

In 1969, 1,455 patients were admitted—1,028 informally and 427 on a compulsory basis. The percentage of informal admissions was 73.1% in both 1969 and 1968, and 69.4% during 1970.

The percentage of informal admissions to the Glenside and Barrow hospitals was again significantly higher than for the Horton Road and Coney Hill Hospitals and to Littlemore Hospital. This is probably related to the problem of securing domiciliary consultant psychiatrist visits to patients in the more rural areas of the County.

Of the 569 admissions with which Mental Welfare Officers were directly involved there were three more, but a slightly lower percentage, under the category of “ emergency ” (Section 29)—in 1970, 206 (36.2%), compared with 203 (36.8%) in 1969. The circumstances necessitating emergency admissions invariably require assistance from the Mental Welfare Officers, whereas many informal admissions can be directly effected by the general practitioners and the relatives of these patients.

(b) *Mental Subnormality*

(i) COMMUNITY CARE

One hundred and ninety-eight new cases were referred in 1970, of which only thirteen were subject to formal decisions under the Education Act, 1944. These figures, compared with 176 new cases, of which 36 were formally referred, illustrate the acceptance and preference of parents for this informal procedure which provides for their children a period of diagnosis and assessment in a Training School with immediate entry to the educational system when reviews of the children’s progress suggests this to be desirable. This procedure is effective as the co-operation of the parents is achieved by their discussions with Medical Officers, Health Visitors, Mental Welfare Officers and Training School staffs, of the special needs and facilities available for the training of their handicapped children.

The 198 referrals in 1970 was the highest since 1966—176 (1969), 179 (1968), 169 (1967) and 210 (1966). The following tables analyses the sources from which referrals originated. Included in these figures were 14 referrals (11 boys and 3 girls), under the age of 16 years, for whom classification was not determined.

Source of Referral	Subnormal (or possibly Subnormal)					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
LOCAL EDUCATION AUTHORITY Formally referred as unsuitable for education at school	4	2	—	—	6	4	3	—	—	7	13
Informally referred as unlikely to be suitable for education at school ...	24	16	1	—	41	6	5	—	—	11	52
SCHOOL MEDICAL OFFICER Informal referral for diagnostic atten- dance at training centre	—	—	—	—	—	—	1	—	—	1	1
For care and guidance after leaving school	—	—	47	32	79	—	—	—	—	—	79
Other local authorities	2	2	12	1	17	2	3	2	3	10	27
On discharge from hospital	—	—	4	4	8	—	—	—	1	1	9
Others (e.g. By Parents, M.W.O.'s, Children's Officer, etc.)	—	—	1	2	3	—	—	—	—	—	3
Totals	30	20	65	39	154	12	12	2	4	30	184

During 1970, only 3 referrals were formally determined under the provisions of Section 57, Education Act, 1944.

The names of 128 persons were removed from the register during 1970. They had all successfully maintained employment and acceptable social behaviour.

A further 16 persons left Gloucestershire, and 13 died. During 1970, 5 children, attending training schools for observation and assessment, returned to the education system.

The register, at 31st December, 1970, included 1,994 subnormal persons compared with 1,965 at 31.12.69. The register is analysed in the following table.

Nature of care, treatment and guidance	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Receiving care and guid- ance in the community	108	59	378	268	813	94	104	175	152	525	1,338
Under Guardianship ...	—	—	—	—	—	—	—	1	—	1	1
In Hospital (including patients on leave) ...	9	4	131	113	257	33	28	194	143	398	655
Totals	117	63	509	381	1,070	127	132	370	295	924	1,994

Of the patients receiving care and guidance in the community 349 were in regular employment. Comparable figures for 1969 were 393 (28.8%) employed, of a total of 1,339.

Employment placements were in the following trades :—

Agriculture	56	Local Authorities	14
Domestic Work	62	Remploy Factories	6
Factories	124	Retail Trades	24
General Labour	44	Other Work	19

The families of subnormal children appreciate and need the care and training provided by the staff of the Special Schools and Centres. But the sympathy, understanding and support of Consultant Psychiatrists, School Medical Officers, Mental Welfare Officers and Health Visitors must continue to be available following the transfer of Junior Schools to the Education Department, and of the Mental Health Services to the comprehensive Social Services Department. I have every confidence that the co-operation between the Education, Health and Social Service Departments will ensure that the standards of care, treatment and training of the mentally handicapped will continue to improve. Financial considerations will no doubt determine the rate of progress and development, and the relative needs of those suffering from physical, hearing or visual defect, and the elderly will require a careful assessment of priority.

(ii) GUARDIANSHIP

At 31st December only one patient remained subject to an Order for Guardianship, by the Cheltenham Municipal Borough. Social and practical support, and the close liaison with the Consultant Psychiatrists of the subnormality hospitals generally proves equally effective in securing control, treatment and training even for those patients without relatives able to offer adequate control and support.

(iii) ASSESSMENT CLINICS

Parents appreciate opportunities of meeting Consultant Psychiatrists for advice regarding the care, treatment and future accommodation of subnormal patients, and the Regional Hospital Boards are providing Clinic facilities. Dr. E. Stanley Lower now operates a bi-monthly Assessment Clinic at the Thornbury Health Centre ; Dr. Ruth Walters is now responsible for the Gloucestershire Royal Hospital Assessment Clinic and Dr. W. A. Heaton-Ward is able to see patients, at the new Assessment Unit of Stoke Park Hospital. Dr. Oliver and Dr. Balsekar offer Clinic facilities for patients from the Oxford Regional Board at the Cirencester Health Clinic, or at one of the Hospitals of the Wyvern Group. The Assessment Clinic facilities offered, for patients from the southern part of the County, by Dr. A. C. Fairburn, Dr. J. Jancar, and Dr. J. B. Gordon-Russell are greatly appreciated. There is an increasing demand for Clinic Consultation and the availability of out-patient facilities in Cheltenham would certainly be welcomed. Consultant

Psychiatrist support for the mentally handicapped in Local Authority residential and day centre care would also be of undoubted value, with their advice on behaviour problems and medication.

Dr. Heaton-Ward and Dr. Jancar are now able to accept patients for periods of one month for residential care, observation and diagnosis in the new comprehensive Assessment Units at Stoke Park Hospital.

During 1970, six appointments were arranged, for Gloucestershire patients, at the Bristol Assessment Clinic ; 27 appointments (8 new cases and 19 for follow-up) at the Thornbury Assessment Clinic, and a further 103 appointments (45 new cases and 58 for follow-up) at the Gloucestershire Royal Hospital. Facilities for out-patient referral are now also available at the Assessment Unit of Stoke Park Hospital, where 14 patients were assessed (7 new cases and 7 for follow-up), 1 patient also attended Hortham Hospital for out-patient assessment.

(iv) ADMISSIONS TO HOSPITAL—LONG-TERM CARE

Hospitals	Informal	Subject to Detention		Total
		On Application	Court Orders	
Stoke Park	9	1	—	10
Hortham	1	—	—	1
Brentry	3	—	1	4
Selwood	1	—	—	1
Farleigh	1	—	—	1
Totals	15	1	1	17

During 1970, 20 patients were admitted to Hospital for extended care.

The full occupation of Hospitals for the subnormal in the South Western Region is still acute and great difficulty is experienced, despite the full co-operation of the Consultant Psychiatrists, in securing hospital admissions even for patients in urgent need of long-term residential care.

Waiting List for Extended Hospital Care—at 31st December, 1970 :—

Degree of Urgency	Subnormal				Sev. Subnormal				Totals			
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Urgently requiring admission ...	—	—	—	—	3	2	1	—	3	2	1	—
Early admission desirable ...	1	—	2	1	6	1	5	—	7	2	7	1
Included in list to cover possible breakdown of present arrangements (e.g., illness of parents, loss of residential employment) ...	5	4	2	10	4	6	13	12	9	10	15	22
Totals ...	6	4	4	11	13	9	19	12	19	14	23	23
(Oxford R.H.B. area — included in totals above) ...	—	(1)	(2)	—	—	(2)	(4)	(2)	—	(3)	(6)	(2)

The list at 31st December included 79 persons awaiting long-term hospital care, a decrease from 88. the previous year. This is only the second occasion, for many years, in which the long-term care waiting list has fallen—79 (1970), 88 (1969), 81 (1968), 83 (1967), 77 (1966), and 74 (1965).

Forty-six patients are included in the waiting list to cover a possible breakdown of the present arrangements for their care. Before these needs arise it is hoped that residential hostels will be available and that admissions to hospital will be necessary not to provide accommodation, but only for those who require nursing care and treatment.

The table gives an analysis of the waiting list, based on the relative urgency of the need for vacancies. The figures in brackets show the number of patients—included in the total figures—on Pewsey Hospital Group waiting list within the Oxford Regional Hospital Board area. Included in the list are three children under the age of five years.

The Hospitals for the Subnormal in this Region are already overcrowded. Until this pressure is relieved—and this may take several years—they are unable to admit any new cases, however urgent the need and however serious the results in the deterioration of health and social conditions of those families who have to continue to provide nursing and residential care for a seriously disturbed subnormal patient. Representations have been made to the South Western Regional Hospital Board, without success owing to the lack of resources. This, to those families so vitally concerned, is a matter of grave and urgent concern in which the Social Workers can only offer sympathy and support but little hope of an early solution to their problems.

(v) ADMISSIONS FOR TEMPORARY CARE

During 1970, short-term hospital care was arranged for 66 patients, compared with 61 (1969), 89 (1968), 72 (1967), and 46 (1966).

(vi) VOLUNTARY AGENCIES

The members of the Gloucestershire Association for Mental Health, of the Branches of the National Society for the Mentally Handicapped, and of the Parents' Societies have again been most helpful and generous.

The Gloucestershire Association for Mental Health is still proceeding with its proposal, and schemes to raise the necessary funds, to acquire and convert premises to provide care and treatment of the adolescent mentally disordered, for whom facilities are most meagre. Local residents have, however, opposed the conversion of an otherwise suitable building, and planning permission is still not available.

The Parents' Societies, with generous help from other voluntary organisations and particularly Rotary Clubs have provided a new twelve-seater mini-coach for the Warmley Junior Centre, and for the Cinderford Junior, Adult and Occupational Therapy Centres.

There is a very special relationship between parents of the mentally handicapped and the staff of Training Centres and Health Department. The developments in the Training Centres have mostly occurred during the past ten years. The Parents' Societies have been actively concerned in these developments even to the extent of financing some projects and they are probably more closely linked with the staff of the Centres and the Health Department, in a constructive partnership, than applies to the Parent/Teacher Associations of other schools. When the Junior Centres are administered by the Education Department it is highly desirable that this spirit of parental co-operation should be fostered and fully utilised.

(vii) HOSTEL—RESIDENTIAL ACCOMMODATION

“ Merrowdown ” was again fully occupied throughout the year. Of the twenty residents, fifteen are now in employment and eight of these earn net wages sufficient to meet the full maintenance charge. Five former residents are satisfactorily placed in lodgings. Ten residents were admitted, and twelve were discharged in 1970. A further nine residents were accepted for temporary care whilst long-stay residents were absent on holiday.

There is a waiting list, for placement in Hostels, of male and female mentally handicapped persons. The provision of the proposed Hostel at Cainscross, and the conversion of "Eildon" will meet some of these needs. Hostel accommodation is costly but it does provide an answer to the major problem of most parents as to the future care of their mentally handicapped children, when they can no longer provide this care themselves. Hostel admission, particularly to an industrial area, also improves the prospect of employment for these mentally handicapped persons, the further development of their social independence and, for a proportion, an ultimate placement in the community.

The Hostel at Cainscross, providing 25 places for male and female adults, is expected to open in July 1971, when the Social Services Department will be responsible for its administration.

For patients with a reasonable rehabilitation prognosis, placements and maintenance costs were accepted in residential homes of voluntary agencies, (e.g. Richmond Fellowship). Financial help is also given in respect of long-term placements of mentally handicapped persons in private homes of the Home Farm Trust Ltd., and Oak House Trust Ltd.

(viii) SOCIAL CLUBS

There are now seven Clubs, including one in Cheltenham and one at Cinderford for the mentally ill, holding weekly sessions.

The Cinderford Club is held in the Adult Centre Hall and opened in 1970 with participation by Mental Welfare Officers and Hospital Social Workers. The success of this project has been greatly influenced by the interest and support of Dr. Morphew, Consultant Psychiatrist of Horton Road and Coney Hill Hospital.

(ix) GENERAL DEVELOPMENTS

Preparations and discussions of the problems of transfer of the educational and social work services have been effectively arranged with all grades of staff, and the senior officers of the Education and Social Service Departments. Implementation of the Chronically Sick and Disabled Persons Act was initiated, within the limited financial resources, and an establishment approved for additional Social Workers to meet the needs of the physically handicapped. There is an urgent need to strengthen the social work support, practical help and therapeutic aids for the handicapped.

The Cainscross Hostel was commenced in 1970, and is due for completion in July, 1971. Grimsbury Park School is due for completion in March, 1971, and will be administered from its opening by the Education Committee. It includes all those features, within financial limitations, which experience has proved necessary for educating the mentally handicapped to their maximum potential.

The replacement of Betteridge School has, unfortunately, been delayed by problems of site selection, but the continued use of the highly unsatisfactory premises at "Eildon" should cease in mid 1972, when it is hoped that the new Betteridge School building will be completed. "Eildon" is then to be converted for use as a hostel for mentally handicapped females, operating in conjunction with the adult male hostel in the adjoining premises at "Merrowdown."

TRAINING CENTRES AND SCHOOLS

The Health Committee, anticipating the transfer of responsibility for education of the mentally handicapped, which will take effect on 1st April, 1971, under the Education (Handicapped Children) Act, 1970, approved the use of school names for the Junior and Mixed Training Centres :—

Cheltenham Junior Centre	....	....	....	BETTERIDGE SCHOOL
Cinderford Junior Centre	....	....	....	OAKDENE SCHOOL
Warmley Junior Centre	....	....	....	GRIMSBURY PARK SCHOOL
Cirencester Mixed Centre	....	....	....	PATERNOSTER SCHOOL
Stonehouse Mixed Centre	....	....	....	SHRUBBERIES SCHOOL
Thornbury Mixed Centre	....	....	....	SIBLANDS SCHOOL

The adult trainees from the Cirencester and Stonehouse catchment areas will be transferred to the Stroud Adult Centre when this is available, or to the Cheltenham Adult Centre when the additional workshops are erected. The Paternoster and Shrubberies Schools will then be adapted, by the Education Committee, for use as special schools.

Siblands School will be converted, by the Social Services Committee for use as an Adult Centre, when the Education Committee has provided alternative school accommodation for the transfer of the mentally handicapped children from Siblands School.

There has been close consultation with the Education and Social Service Departments, and the Hortham and Stoke Park Hospital Management Committees to ensure that the transfer of responsibility for educating mentally handicapped children will operate smoothly and be of real benefit to the children, and the staff, of the Junior and Hospital Schools.

The Education Committee is considering the provision of special school facilities for handicapped children in the North Cotswold area. The Health Department's Development Plan included provision of a thirty place school, timed for commencement in 1973/74. The journey for children from this area to and from Paternoster School, Cirencester, is excessive in mileage and duration, particularly for young children who are severely handicapped.

In 1970, 44 new cases were admitted to Training Centres and Schools, compared with 39 in 1969. The proportion of adults on the registers and average daily attendances of children and adults for each Centre are shown in the following table.

17. Training Centres

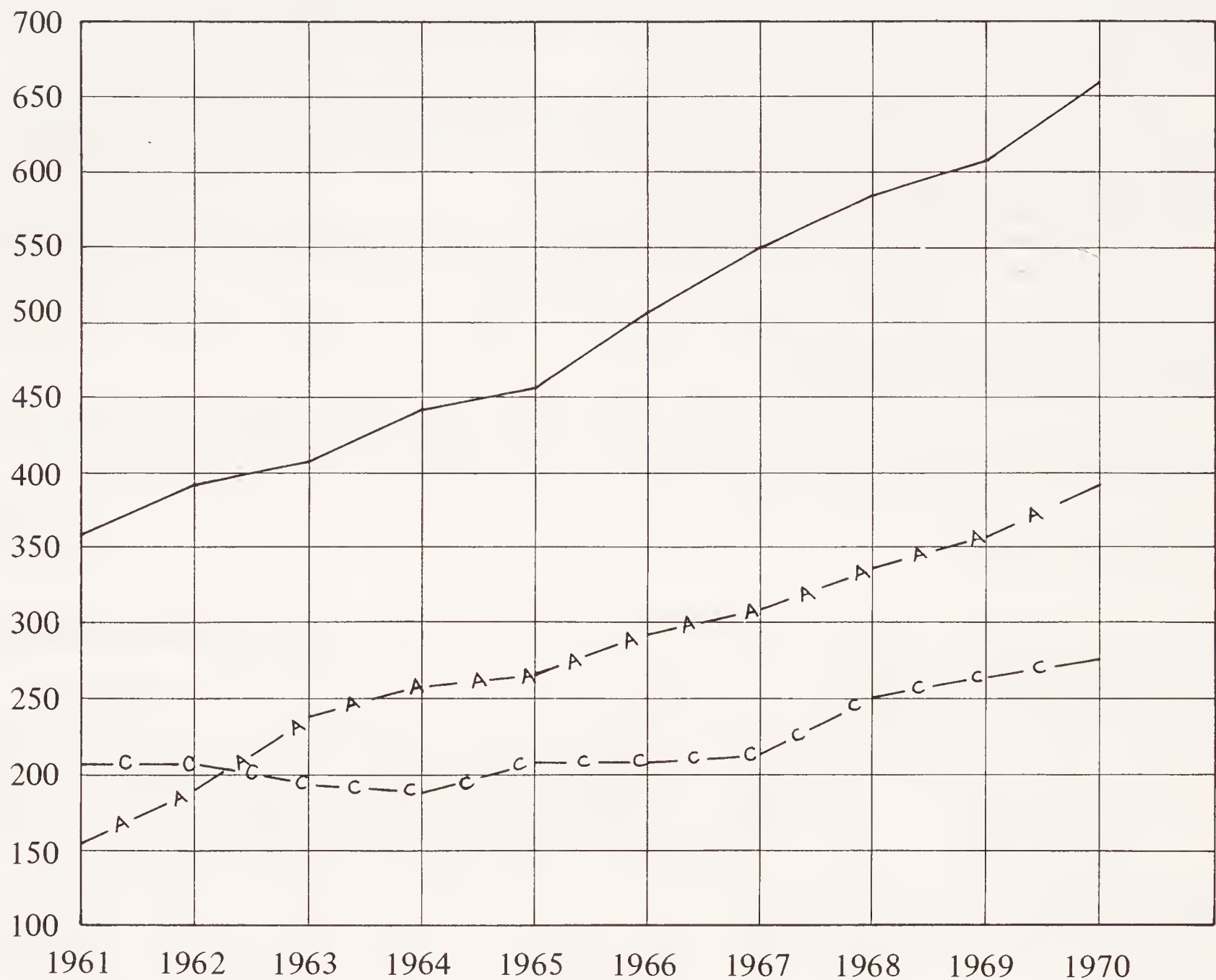
As in 1969, thirty-nine new cases were admitted to Training Centres, compared with 75 in 1968, 38 in 1967, and 50 in 1966. The proportion of adults on the register of each Centre, and average daily attendances during the year, were :—

Schools and Training Centres	Average % Daily Attendance	Total No. on Register at 31.12.70	Number of Adults (i.e. over age 16)	Capacity	
				Children	Adults
Blackhorse Adult	92	81	81	—	90
Cheltenham Adult	91	86	86	—	90
Bettridge	91	106	20	106	—
Cinderford Adult	80	63	63	—	60
Oakdene	87	31	4	60	—
Paternoster (Mixed)	87	57	34	30	30
Shrubberies (Mixed)	85	93	55	30	50
Siblands (Mixed)	86	68	30	30	30
Grimsbury Park	74	74	5	60	—
Totals	86	659	378	316	350

At 31st December there were 314 trainees on the registers—an average intake of 32 trainees annually for the past eleven years.

The following graph shows the proportionately higher admission rates of adult trainees and emphasises the need for a continuing expansion of adult centre placements.

Trainees attending Training Centres, 1961 - 1970



CODE : Total —————
 Adults —A—A—A—A—A—
 Juniors —C—C—C—C—C—

At 31st December there were 28 infants (children under the age of five years), attending Training Schools, compared with 34 (31.12.69) and 24 (31.12.68). Staff of the schools welcome early admission, but priority is given to young children who need diagnostic assessment, intensive training or where periods of relief from their continued care at home benefits the health and welfare of their families. The Chief Education Officer intends to continue the policy of early admission on the basis of a similar criteria.

STAFF

The following schedule shows the teaching staff in post at 31st December, 1970.

School and Training Centres Staffs	N.A.M.H. Diploma	Qualified by Virtue of Trade	Attend- ing Courses	Declarat'n of Recog- nition of Experience	Unqualified—Training Centre Service					Totals
					Over 10 yrs.	8 - 10 yrs.	6 - 8 yrs.	4 - 6 yrs.	less than 4 yrs.	
Head Teachers	6	—	—	—	—	—	—	—	—	6
Managers	3	—	—	—	—	—	—	—	—	3
Instructors	8	10	—	1	2	—	2	—	1	24
Trainee Instructors	—	1	2	—	—	—	—	—	—	3
Teachers	23	—	—	1	1	1	—	1	4	31
Nursery Assistants	—	—	—	—	2	—	1	1	4	8
Trainee Teachers	—	—	3	—	—	—	—	—	1	4
Teachers (part-time)	—	1	—	—	—	—	—	—	—	1
Totals	40	12	5	2	5	1	3	2	10	80

During 1970, four teachers (three Diploma qualified) resigned. Two moved to similar employment with other Authorities, one retired and the other emigrated to Australia. Seven teachers, all Diploma qualified were appointed during 1970, two of these were temporary for relief duties. Two trainee teachers resigned, one for marriage and the other to commence Teacher Training with a grant from the Education Committee ; one trainee after completing a two year Diploma Course, is now continuing with a third year Teacher “ conversion ” course.

During the year four Instructors (three Diploma qualified) resigned for similar posts with other Authorities. Six Instructors were appointed during 1970—one Diploma qualified, one a qualified Child Care Officer, the remaining four being experienced craftsmen, and also a trainee Instructor who is a qualified Signwriter and Painter.

Gloucestershire has a proportion of qualified Teachers well above the national average and it is gratifying that the Department of Education and Science is to accept their training and particular expertise as an entitlement to full Teacher status, after a period of five years teaching practice following the award of their Diplomas, and also recommends the release of teachers for Certificates of Education Courses who wish to apply for and are accepted for this further training.

The Social Services Committee will also continue the secondment of Instructors to Diploma Courses for Staffs of Adult Centres. This training is of value to all Instructors, but particularly for those concerned with the trainees for whom continued educational and social training is essential.

A successful Staff Conference was held at Siblands School, Thornbury, for all County staff, representatives of the Hospital Schools and senior officers of the Education Department.

SECTION C

DISEASES

1. General

Notifications of infectious diseases during the year are set out in Table II at the end of this report.

2. Tuberculosis

Summary of formal notifications during the year :—

Age Periods	Formal Notifications														
	Number of Primary Notifications of new cases of tuberculosis														
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Age un-known	Total
Respiratory, Males	—	—	—	—	—	1	1	1	2	4	6	6	3	—	24
Respiratory, Females	—	—	—	—	1	—	1	1	8	1	4	7	1	—	24
Non-Respiratory, Males	—	—	—	—	—	—	1	1	—	1	2	—	—	—	5
Non-Respiratory, Females	—	—	—	—	—	—	1	1	1	—	—	2	—	—	5

Persons removed from the register during year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ...	—	—	—
(b) Recovery	119	21	140
(c) Death	17	4	21
(d) Left County or no trace ...	11	1	12

MASS RADIOGRAPHY SERVICE

The Organising Secretary of the Mass Radiography Service, South Western Regional Hospital Board, has provided the following figures for 1970 in respect of sessions held in Gloucestershire.

	Men	Women	Total
Total X-rayed	6,431	6,592	13,023
Abnormalities detected	192	89	281
No diagnosis yet received	4	1	5
Abnormalities—Active Tuberculosis	5	2	7
Requiring Observation	—	—	—
Healed Tuberculosis	24	16	40
Non-tuberculous Cases	163	71	234

BRISTOL CHEST CLINICS—SOCIAL WORK

Arrangements with the Bristol Corporation whereby Gloucestershire residents who attend the Bristol Chest Clinics and Hospitals are supervised by Bristol Welfare Officers, continued to work smoothly. Twenty patients were seen by the Social Workers. Only seven of the patients referred were suffering from tuberculosis.

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., F.R.C.P.

SENIOR CHEST PHYSICIAN, NORTH GLOUCESTERSHIRE CLINICAL AREA

Forty-eight new cases were notified in the North Gloucestershire Clinical Area, excluding Gloucester City. They are analysed as follows :—

Abdominal Orthopaedic and Cervical glands	Primary or post primary infection	Minimal phthisis	Moderate phthisis	Advanced phthisis	Total
7	6	12	15	8	48

Of the 48 patients, 26 were referred by their General Practitioners, 18 by other hospital departments, two were picked up by the Mass Radiography Unit, and two were contacts. Four of the Patients were Immigrants, two from India, one from Hong Kong, and one from Rumania.

CONTACT EXAMINATIONS

Arising out of these notifications, 223 adults were called for examination and 180 attended.

Of 99 children called, 93 attended. Of these 73 were B.C.G. vaccinated, 14 were tuberculin positive, clinically well, and six had normal standard-size chest X-rays. In addition two children were referred to other Chest Clinics for examination.

No case of significance was found as a result of these investigations.

REPORT OF R. A. CRAIG, ESQ., B.Sc., M.D., F.R.C.P.,

CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The accompanying table shows the sex and age distribution of new cases of pulmonary tuberculosis, totalling six, subdivided into sputum negative and positive cases, occurring in South Gloucestershire residents and notified by Bristol Chest Clinic in 1970.

Two new cases of non-respiratory tuberculosis were notified in 1970, both involving cervical lymph nodes. One was a male age 38 years and the other a female age 32 years.

One case of pulmonary tuberculosis, a male age 41 years, was returned to the Tuberculosis Register with a positive sputum. The patient was originally diagnosed as tuberculosis in 1949 and had never received any chemotherapy.

There were five inward transfers of cases of pulmonary tuberculosis. Two were women and were not a cause for concern. All three men were unemployed, living at Winterbourne Reception Centre, with disease that was longstanding in all cases and with a history of repeated admissions to hospital and subsequent discharges against medical advice. Two of these were infectious, with drug-resistant tubercle bacilli in their sputum, and both were capable of infecting other persons. They were admitted to hospital but, following their usual custom, eventually absconded. One has since returned to the area: the whereabouts of the other is unknown. In the third case, the disease appeared quiescent and the patient was treated for a short time as an outpatient. His whereabouts is now also unknown. No contacts of these three cases were examined.

NEW CASES OF PULMONARY TUBERCULOSIS IN 1970

Age Group in years	Sputum Negative Cases			Sputum Positive Cases			All Cases		
	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 14	0	0	0	0	0	0	0	0	0
15 - 44	0	1	1	0	0	0	0	1	1
45 - 64	1	0	1	1	1	2	2	1	3
65+	0	0	0	2	0	2	2	0	2
All Ages	1	1	2	3	1	4	4	2	6

3. Venereal Disease

REPORT BY A. E. TINKLER, ESQ., M.A., M.D., D.P.H.

Consultant Venereologist, South Western Regional Hospital Board.

The number of county residents attending the various Venereal Disease Clinics serving the area continues to rise each year.

TABLE 1 New Cases : All Conditions—Gloucestershire County Residents

Year	New Cases
1967	522
1968	567
1969	715
1970	769

Although syphilis remains a comparatively rare disease in the county eight cases of early, infectious, syphilis were seen in 1970 whereas no early cases were seen in 1969. Eleven cases of late syphilis were seen in 1970 as compared with six such cases in 1969. No congenital cases were seen in either year.

GONORRHOEA

This disease has reached epidemic proportions in many parts of the world, but in Gloucestershire the rate of increase is below that of the country as a whole.

TABLE 2

Incidence of Gonorrhoea

Year		England and Wales	Gloucestershire
1965	....	36,615	140
1967	....	38,648	110
1969	....	51,148	155
1970	....	*	170

* Not available

SECTION D

SANITARY CIRCUMSTANCES OF THE COUNTY

1. Water Supplies and Sewerage

During the year the County Council considered 16 schemes of sewerage and sewage disposal, and 2 water supply schemes. The total estimated cost of these schemes was £2,971,235 for sewerage and sewage disposal and £12,020 for water supply.

For the financial year 1969/70, the County Council made contributions under the County Scheme for financial assistance to District Councils amounting to £141,976 for sewerage and sewage disposal and £44,833 for water supply.

Details of schemes considered by the County Council are set out below (estimated costs shown in brackets) :—

(A.) SEWERAGE AND SEWAGE DISPOSAL

CHARLTON KINGS URBAN DISTRICT

Sandy Lane Sewer Extension (£2,984)

To serve 21 existing properties. The scheme was strongly supported on public health grounds and approved.

CHELTENHAM RURAL DISTRICT

(i) *Apperley Sewerage and Sewage Disposal (£57,000)*

To extend the existing overloaded sewage disposal works and to extend the sewerage system to serve the remainder of the village including Lower Apperley and East Apperley. The scheme will provide first time service for 76 properties and allow for future development. The scheme was approved.

(ii) *Stoke Orchard Sewerage—Renewal of Pumping Machinery and Rising Main (£14,500)*

A scheme to replace worn out equipment and a severely corroded rising main was approved.

CIRENCESTER RURAL DISTRICT

Kemble Area Sewerage and Sewage Disposal (£318,500)

To provide main sewerage for the villages of Kemble, Ewen, Coates and Tarlton and to provide for future development of the area. In approving the sewerage of Kemble only, the Rural District Council were asked to consider pumping the sewage for treatment at the proposed Urban District disposal works. Although there was some public health justification for serving Ewen, Coates and Tarlton, this was not considered sufficient to justify the very high cost per property (£1,489 at Ewen and £1,240 at Coates and Tarlton).

DURSLEY RURAL DISTRICT

Drake Lane and Falfield, Cam—Sewer Extension (£6,640)

To serve 13 existing properties. The scheme was supported on public health grounds and approved.

GLOUCESTER RURAL DISTRICT

Westbury-on-Severn and Northwood Green Sewerage and Sewage Disposal (£129,826)

A resubmission of an urgently needed scheme previously approved in 1969. The scheme modified to meet requirements of the River Authority and the County Council, was approved subject to the Rural District Council giving consideration to the future possibility of connecting the villages of Newnham and Arlingham.

LYDNEY RURAL DISTRICT

(i) *Industrial Estate Sewer, Lydney (£12,000)*

To provide a relief sewer for an existing overloaded sewer. Apart from reducing pollution of the Lydney Harbour Canal, the new sewer will provide for future industrial development. The scheme was approved.

(ii) *Stormwater Sewers at Lydney (£32,000)*

To relieve recurrent flooding of parts of Lydney due to inadequate surface water sewers and culverts. The Rural District Council were informed that in the opinion of the County Treasurer, the scheme was not eligible for grant either from the Ministry or under the County Scheme.

NEWENT RURAL DISTRICT

Newent (The Scarr) Sewerage Scheme (£89,500)

A scheme to extend the Newent sewerage system to serve 93 existing properties, 67 of which belonged to the Land Settlement Association who had agreed to contribute £19,875 towards the cost. The scheme, justified on public health grounds, was approved subject to investigation of the need to enlarge the sewage disposal works.

NORTH COTSWOLD RURAL DISTRICT

North Western Parishes Sewerage Scheme—Extension of Sewage Disposal Works (£22,235)

The original scheme, approved by the County Council in 1967 and now under construction, allowed for a margin of spare capacity. Due to the rate of development in the intervening period it was estimated that the new works, when completed, would be up to capacity in only three years. The Rural District Council therefore proposed extensions to the works within the current contract and had obtained very favourable rates. The works as extended will be adequate for a considerable period. The scheme was approved.

STROUD RURAL DISTRICT

(i) *Minchinhampton, Horsley and Box Sewerage Scheme (£362,000)*

Following the construction of the Nailsworth Valley Trunk sewer, it is now possible to divert flows from the unsatisfactory sewage disposal works at Minchinhampton, and to provide sewerage for the first time to the villages of Box and Horsley. The scheme was approved subject to re-examination of proposals for two very expensive sections (Chapel Lane at £1,285 per property and Balls Green at £1,428).

(ii) *Painswick Valley Sewer—Extension to Pitchcombe (£1,450)*

A small extension, to serve four properties in advance of the main scheme for Pitchcombe, was approved. The extension was strongly supported on public health grounds.

(iii) *Pitchcombe Sewerage Scheme (£73,000)*

Following the provision of the Painswick Valley Sewer, to provide for 99 existing properties and to allow for additional development in the future. The scheme, justified on public health grounds, was approved.

THORNBURY RURAL DISTRICT

Purton and Sharpness Sewerage and Sewage Disposal (£310,200)

A resubmission of separate schemes for the two areas, previously considered in 1968, and completely revised to meet the recommendations of the County Council. The scheme was supported on public health grounds and approved.

TETBURY RURAL DISTRICT

Extensions to Tetbury Sewage Disposal Works and Sewerage of Tetbury, Upton and Shipton Moyne (£118,400)

The extensions at the sewage disposal works are necessary to relieve present overloading, and to provide for additional connections, including 74 properties at Shipton Moyne and Tetbury Upton, and for future development. The scheme was supported on public health grounds, in particular due to the proximity of the boreholes of the Bristol Waterworks Co. and was approved subject to minor comments.

WEST DEAN RURAL DISTRICT

Southern Area Drainage Scheme (£1,421,000)

A scheme for sewerage the areas of Bream, Yorkley, Oldcroft, Pillowell, Whitecroft, Parkend, Milkwall, Ellwood and Sling, and to convey the sewage to a new sewage disposal works at Lydney. The estimated cost included a contribution of £233,820 towards the cost of sewers and the sewage disposal works in Lydney. The scheme was originally proposed with a separate disposal works at Brockholland, but following representations from the County Council an investigation was carried out which showed that the present proposal was more economical. The scheme was approved subject to minor comments.

(B.) WATER SUPPLIES

NORTH WEST GLOUCESTERSHIRE WATER BOARD

Canning Arms, Hartpury—Mains Extension (£570)

A scheme to serve three houses where existing supplies (from shallow wells) were heavily polluted was strongly supported and approved.

SODBURY RURAL DISTRICT

The Rocks, Marshfield—Mains Extension (£11,450)

To serve 11 properties (two in Wiltshire) where existing supplies from well and spring sources have been found to be heavily polluted. The Rural District Council were informed that, due to the very high cost per property in an area where no additional development was anticipated, the scheme would not be approved unless the owners of the properties were prepared to make a substantial contribution.

GYPSIES

The second gypsy site, at Elmstone Hardwicke, was completed during the year and the first families moved on in December. The site provides fourteen pitches and has been built to a high standard.

Following representations to the District Council, work is in progress providing hot water and showers to the site at Cinderford.

Unfortunately difficulties have arisen with the two proposed sites near Bristol and alternatives are being sought. Negotiations for a site near Gloucester are continuing.

2. MILK SUPPLY

(i) Licences

There were no changes during the year in the larger dairies with H.T.S.T. plants. A new holder pasteurising plant was installed in 1970. A producer/retailer provided a 10 gallon pasteuriser to treat a small proportion of his milk in order to meet customer requirements. In the case of the other holder plant situated on farm premises and used for treating the Channel Island milk produced on that farm, an application was received from the son of the licensee for a licence to pasteurise milk on his own account. The circumstances were unusual, insofar as two licences would be issued in respect of the same plant. As licences are granted to the person authorised to use the designation 'Pasteurised' there would appear to be no objection. In this instance all milk produced on the farm is sold as Pasteurised, Channel Island, whilst that bought in by the second licensee is ordinary grade Pasteurised milk.

The eleven milk pasteurising plants treated some 25,800 gallons per day as follows :—

8 H.T.S.T. plants	....	....	25,200 gallons
3 Holder plants	....	....	600 gallons

The number of licenced milk dealers at the end of the year totalled 549 as shown below.

	1970	1969
(a) Producer/Retailers (licenced by the Ministry of Agriculture, Fisheries and Food, and including 2 producers who retail raw milk by consent)	68	73
(b) Producer/Retailers (included in (a) above) holding a licence from the County Council to bottle Untreated Milk from other Producers	5	8
(c) Dairies dealing in Untreated Milk other than in (a) or (b) (' B ' licences)	3	3
(d) Milk Dealers (Pasteurisers) (' C ' licences)	12	10
(e) Dealers in Pre-packed milk (' F ' licences) :—		
(i) Retailers	192	205
(ii) Shops	266	265
(iii) Vending Machines	3	7
	<hr/>	<hr/>
	461	467
	<hr/>	<hr/>
Total	549	571
	<hr/>	<hr/>

(ii) Routine Sampling

The numbers of samples from schools and school canteens dropped considerably during the year following the decision to restrict the milk in schools scheme to Primary schools and the replacement of liquid milk by dried milk powder in all school canteens.

The number of routine Untreated samples dropped again during the year, a result of the continued decline in the number of Producer/Retailers in the county.

SUMMARY OF ROUTINE MILK SAMPLES

Origin of Samples	Designation	Total Samples taken	Phosphatase Test		Methylene Blue Test			Turbidity Test		Ultra Heat Treated Test	
			Pass	Fail	Pass	Fail	Void	Pass	Fail	Pass	Fail
Dealers including Processors	Pasteurised	2,842	2,833	9	2,663	76	103	—	—	—	—
	Sterilised	23	—	—	—	—	—	23	—	—	—
	Ultra Heat Treated	29	—	—	—	—	—	—	—	29	—
	Untreated	959	—	—	836	67	56	—	—	—	—
Schools	Pasteurised	394	391	3	359	12	23	—	—	—	—
G.C.C. Properties	Pasteurised	129	128	1	119	1	9	—	—	—	—
Hospitals	Pasteurised	62	62	—	61	1	—	—	—	—	—
Totals		4,438	3,414	13	4,038	157	191	23	—	29	—

Of the thirteen samples failing the phosphatase test, only six were from dairies within the County area, a pleasing continuation of the trend during the past few years.

Although slightly higher than for 1969, the percentage of samples of pasteurised milk failing the Methylene Blue test (2.62%) is still well below that of previous years.

Methylene Blue failures of Untreated milk were disappointing at 6.98%, a small increase on 1969 (6.31%). Such failures from Producer/Retailers were reported to the County Dairy Husbandry Advisor of the Ministry of Agriculture, Fisheries and Food.

(iii) Milk Containers

Samples of washed bottles and churns were taken regularly from all pasteurising and bottling plants for examination by the Public Health Laboratory, as shown below :—

	Total	Very Satisfactory	Satisfactory	Unsatisfactory	Void
Churns	116	25	70	21	—
Bottles	330	246	27	49	8
	446	271	97	70	8

The percentage of very satisfactory bottle rinses show an improvement on last year's figures but the churn rinse results were disappointing, the figure falling from 47.5% in 1969 to only 21.5% in the very satisfactory category with a proportionate increase in the satisfactory range. It is felt that there is room for improvement here.

There were only eight complaints received during the year regarding dirty milk bottles or foreign bodies. In one case glass splinters were found in a third pint bottle of school milk. An out-of-County dairy was involved and proceedings were instituted by the District Council for the area where the school was situated. The dairy was fined £20 plus £10 10s. costs. Apart from this the complaints were of a minor nature and no legal proceedings were taken.

(iv) **Brucella Abortus**

Number of herds from which samples were taken :—

(i) Producer/Retailers and herds supplying milk to ' B ' licence holders	....	....	84
(ii) Untreated Cream Producers	....	....	5
(iii) Producers using own milk in connection with farm holidays, bed and breakfast trade, or casual sales to caravanners and campers	....	....	34
(iv) Producer/Wholesalers	....	....	1
Total			124
Number of herds investigated further			20
Herds in which one or more infected cows were found			12

All routine statutory samples of Untreated Milk were examined by the Milk Ring Test, and periodic composite samples were taken from those herds where regular routine samples were consistently negative to Milk Ring Tests. Following the results arising from the previous year sampling of milk from farms offering Bed and Breakfast accommodation or Camping Sites, sampling was continued from those producers known to use their Untreated Milk for this purpose. The wholesale herd examined followed the notification of undulant fever having been contracted by the farmer.

The following table summarises the 1,787 samples examined :—

UNTREATED SAMPLES FOR BRUCELLA ABORTUS

	Total Samples	Positive to Milk Ring Test	Doubtful (+) reaction to M.R.T.	Number found positive to Brucella abortus by direct culture or guinea pig inoculation
Routine samples	959	18	10	4 †
Composite herd samples	67	8	1	2 †
Producers (group iii)	154	9	2	1 †
Follow-up samples				
(i) Individual cow	556	45	15	11
(ii) Group	8	1	—	— †
(iii) Bulk	27	2	1	2 †
Special samples (a)	7	6	—	4
(b)	9	6*	—	1 *
Totals	1,787	95	29	25

NOTES. †Positive Milk Ring Tests from routine, bulk or group samples were followed up by individual cow samples. Because of this it was not usual for the original sample to be examined further. However, direct cultures were made in some cases and any found positive have been recorded. Doubtful (+) or weak positive(+) reaction to the Milk Ring Test were often not examined further as it has been found to be more effective to take repeat samples.

*Only one of these 6 samples (3 individual cows—3 groups) was submitted to further examination.

As in the previous year a higher proportion of reactors was found in the 34 herds in group (iii) above (one third of the initial samples giving a positive reaction, were from this group). From the follow-up investigation, five infected cows were found in three herds and one other bulked sample was found to be infected. During the year seven of these producers ceased to use their own milk in connection with paying guests or for casual sales to campers.

One milk producer providing farm holidays and who had ceased using his own milk in 1969 following the discovery of a number of infected animals in the herd, requested a further investigation as he wished to resume the use of his own milk. A number of cows were still positive to the Milk Ring Test and one positively infected cow was found. In the circumstances the producer agreed to continue to obtain pasteurised milk for his guests.

Two notices were served under Regulation 20 of the Milk and Dairies (General) Regulations because of brucella infection. In one case the producer obtained a temporary supply of pasteurised milk until his herd was free from infection. In the second case the producer decided to cease using his own milk for paying guests.

One producer retailing a small amount of Untreated milk by Consent ceased to do so following evidence of brucellosis in his herd.

Three human cases of Undulant Fever were notified by the Public Health Laboratory. All were persons directly concerned with dairy herds, either as farmer or farm manager. No retail milk sales were involved, any raw milk consumed being confined to the producer, his employees and their families.

SALMONELLOSIS

An outbreak of 4 Salmonella food poisoning cases in the county was traced to a retail source of Untreated milk. Investigation at the farm concerned revealed one infected cow. A Pasteurisation Notice under Regulation 20 of the Milk and Dairies (General) Regulations was served and a temporary supply of Pasteurised milk obtained, until two negative rectal swabs were reported from the affected cow.

ANTIBIOTIC SAMPLING

I am indebted to Mr. M. A. Chapman, Chief Weights and Measures Inspector, for the following details :—

725 samples of milk were examined for the presence of antibiotics of which 39 were positive, 20 to the extent of more than 0.05 Int. Units/ml. Of 60 samples bottled by Producer/Retailers, none was positive. However a sample of surplus milk sent by a Producer/Retailer to a processing dairy was found positive and the Producer was cautioned.

(v) Tuberculosis

Thirty-six samples were examined for the presence of tubercle bacilli. All were reported negative.

(vi) Cream

One hundred and thirty-seven samples of cream, were examined at the Public Health Laboratory at Gloucester. Details are set out in the table below.

SUMMARY OF CREAM SAMPLES

Type	No. of Samples	Methylene Blue Test Reduction time in			Void
		0 hours (Unsatisfactory)	More than 0 hours Less than 4 hours (Doubtful)	More than 4 hours (Satisfactory)	
Untreated	30	7 (23.3%)	11 (36.6%)	9 (30%)	3 (10%)
Heat Treated :—					
(1) Ex Producer	61	11 (18%)	18 (29.5%)	27 (44.2%)	5 (8.2%)
(2) Packed by Retailer	17	8 (47%)	3 (17.6%)	5 (29.4%)	1 (5.9%)
(3) Pre-packed mainly from shops	28	11 (39.2%)	8 (28.5%)	7 (25%)	2 (7.1%)
Ultra Heat Treated	1	—	—	1	—
	137	37 (27%)	40 (29.2%)	49 (35.7%)	11 (8%)

Fewer samples were taken during the year but the percentage of samples satisfying the Methylene Blue test at over 4 hours was higher in all categories.

As in previous years the largest percentage of unsatisfactory samples of Pasteurised cream was from retailers who had purchased cream in bulk and packed it into retail containers on their own premises. A

number of failed samples obtained from shops have also been found to have come from dealers who have packed the cream into final retail cartons.

Legislation for the control of cream has been promised and it is hoped will include a provision requiring heat treated cream to be packed in its final retail container at the premises where heat treatment is carried out.

(viii) **Milk in Schools Scheme**

All milk to County Schools under the 'Milk in Schools Scheme' is pasteurised.

(ix) **Summary of Samples**

Routine Retail Samples	....	....	....	....	3,853
Routine samples from Schools and Institutions					585
Brucella examinations	....	....	....	....	1,787
Tuberculosis	....	....	....	....	36
Salmonellosis	....	....	....	....	74
Bottle and Churn examinations	....	....	....	....	446
Cream Samples	....	....	....	....	137
Antibiotic examinations (by W & M Dept.)	....				725
Total					7,643

3.(i) REPORT ON THE WORK CARRIED OUT BY ANIMAL HEALTH DIVISION, MINISTRY OF AGRICULTURE, FISHERIES AND FOOD, GLOUCESTER, DURING 1970

LIVESTOCK CENSUS 4TH JUNE, 1970

Cattle	....	....	....	....	....	219,864
Sheep	....	....	....	....	....	264,813
Pigs	....	....	....	....	....	124,518
Poultry	....	....	....	....	....	1,941,114

NOTIFIABLE DISEASES

Disease	1970		1969	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax	191	7	177	3
Foot and Mouth Disease	1	—	3	—
Fowl Pest	15	68	1	—
Rabies	2	—	—	—
Swine Fever	2	—	6	—
Tuberculosis	—	—	—	—

ANTHRAX

A small number of cases and no obvious connection with each other. Two of the cases were found when the carcase had been moved to the knackery.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The number of licensed premises has decreased slightly since last year. Regular inspections by technical staff have been carried out and these were increased in frequency when Fowl Pest appeared in October.

TUBERCULOSIS

Although the number of herds with reactors to the Tuberculin test which had lesions of T.B. on post mortem has decreased to 29, the area of the county still affected is rather large. In July the reactor position in the north and west of this county was sufficiently good for the Ministry to decide to put that part on two year testing except for a very small number of problem herds.

BRUCELLA ABORTUS INFECTION IN DAIRY HERDS

The number of abortion storms appear to be less than for the last two years but all too frequently we hear of a farmer or dairyman who has developed Brucellosis.

During the year the Brucella Accredited Herd Scheme was closed and a new Brucella Incentive Scheme introduced. This scheme, giving a bonus for milk produced in Brucella registered free herds, has given a fillip to the number of dairymen seeking accreditation for their herds. The milk ring qualifying tests of the old scheme are replaced in the new scheme by a series of blood tests comprising the Rose Bengal Plate Test, Serum Agglutination Test and Complement Fixation Test. These tests are complementary to each other and are designed to pick up the maximum number of infected animals. After accreditation, routine milk ring testing will be carried out by the Milk Marketing Board on behalf of the Ministry. There has been a steady stream of applicants and the number of reactors found has been surprisingly low. This scheme is not aimed at eradication but merely to build up a necessary bank of registered disease-free herds so that surplus stock will be available to replace herds compulsorily slaughtered in eradication areas.

POULTRY HEALTH SCHEME

There were no reactors to the Salmonella Pullorum (BWD) tests found during the year. Testing was somewhat curtailed early in the year by the widespread outbreaks of Mareks disease (Avian Leucosis) and stopped in November and December when Fowl Pest became widespread.

SALMONELLOSIS

There appears to have been some reduction in the number of outbreaks of Salmonellosis during the year. Confirmation of S. Dublin which affects cattle but does not appear to cause much illness in humans has decreased. The outbreaks of Salmonellosis types affecting animals and humans alike do not appear to have decreased.

THE SLAUGHTERHOUSE (HYGIENE) REGULATIONS, 1958

THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1958

During the year regular inspections of the licensed slaughter houses and knackeries were carried out in conjunction with the CPHI's. In an emergency Ministry staff carried out meat inspection duties for the Local Authority at a bacon factory.

MARKETS (PROTECTION OF ANIMALS) ORDER, 1964

MARKETS (PROTECTION OF ANIMALS) (AMENDMENT) ORDER, 1965

MARKETS (FAIRS AND LAIRS) ORDER, 1925

Periodic inspections of the 7 markets were carried out during the year.

FOWL PEST

Disease was confirmed at Andoversford in October. This case started a series of outbreaks and spread through the Gloucester, Cheltenham and North Cotswold area. By the end of the year 68 cases were confirmed. Several workers who had contact with infected birds reported suffering from a mild transient conjunctivitis—the effect of the virus on humans.

(ii) Diseases of Animals (Waste Foods) Order, 1957

At the end of the year, 73 premises were licenced under the above Order. Three new licences were issued during the year and eight licences were revoked, in most cases because the licensee had ceased using waste food. In one case however a pig keeper was found not to be boiling waste food before feeding his animals and was instructed to discontinue using swill. Regular visits were made during the year to all licenced premises by the County Public Health Officers.

SECTION E

REPORT OF THE PRINCIPAL DENTAL OFFICER

The year 1970 was one of changes in the overall pattern, some planned and others forced on us, some hopeful and others less so. On the credit side, the sessions worked by dental officers increased to the highest recorded, with 587 sessions (equivalent to 1.3 dental officers) more than 1969. Loss of dental auxiliaries, which it was found impossible to replace, accounted for a drop of 554 in their sessions for the year, nearly cancelling the gain in dental officers. On the 31st December the staff stood at 26.9 dental officers and 5.5 dental auxiliaries, compared with 24.4 and 6.6 on 31st December, 1969. Two of the whole-time dental officers were resigning at the turn of the year, but three more were due to start in January, 1971, whereas there appeared no possibility of replacing the dental auxiliary who was transferring to Wiltshire at the same time. One of the resignations was that of Miss E. B. Nasmyth, my deputy and the first holder of this post, on her appointment as chief dental officer to Hastings. All will wish her well in her new post. Mr. J. P. B. Pengelly, an area dental officer, was appointed deputy, and Mr. G. N. Willetts up-graded to fill the vacant area post, both as from 1st January, 1971. Mr. D. W. Hopkins, who had been the technician in charge of the laboratory since its inception in February, 1955, felt he could no longer undertake the responsibility, owing to continued ill-health. Mr. G. Pople, who had started at the same time as Mr. Hopkins, was appointed to the vacancy thus sadly caused.

In addition to visitors from other countries and other authorities, Gloucestershire received an official visit from Mr. C. Howard, one of the dental staff of the Departments of Health and Social Security and of Education and Science. The consequent official letter referred to “the high standard of the school dental service,” commending in particular the pattern of treatment, the successful orthodontic service, the fully graded staff structure, the general administration of the central dental office and the high standard of cleanliness and decoration at clinics. The authority’s work in dental health education is regarded as having been “without doubt of benefit to the community.” Particular mention was also made of the service for the under-fives, and of the “enthusiasm and co-operation” of the staff in the West Dean area in attracting pre-school children for inspection, which I mentioned in both 1968 and 1969 Reports. The authority was asked to review certain comparatively minor matters, with most of which it has already been possible to deal.

On the prevention front a small credit was a small increase in the numbers of 5-year old children free from decay. But on the debit side the County Council turned down fluoridation, which would have revolutionised this picture in 4 or 5 years time, although the majority against the measure was less than on the two previous occasions. A teach-in for members was arranged prior to the Council meeting, which Professor P. M. C. James of Birmingham kindly attended. Yet so long as ill-informed (and at times one feels deliberately misleading) emotive propaganda holds sway, for so long will be delayed the very clear benefits of this public health measure.

The remainder of this section of the Report illustrates the wide range of the authority's dental service.

STAFF—DENTAL OFFICERS

Table A gives the proportion of time spent on various duties. Changes from 1969 are only marginal. The table includes 650 extra sessions, of which 150 were worked by the orthodontist.

Table A—Allocation of Sessions (Dental Officers)

Type of Session	Number	Percentage of total
School Inspections	875	8.3
Treatment in Fixed Clinics (School)	5,519	52.2
Treatment in Mobile Clinics (School)	2,658	25.2
Orthodontics	1,088	10.3
M. and C.H.	403	3.8
Administration of General Anaesthetics	25	0.2
	10,568	100.0

STAFF—DENTAL AUXILIARIES

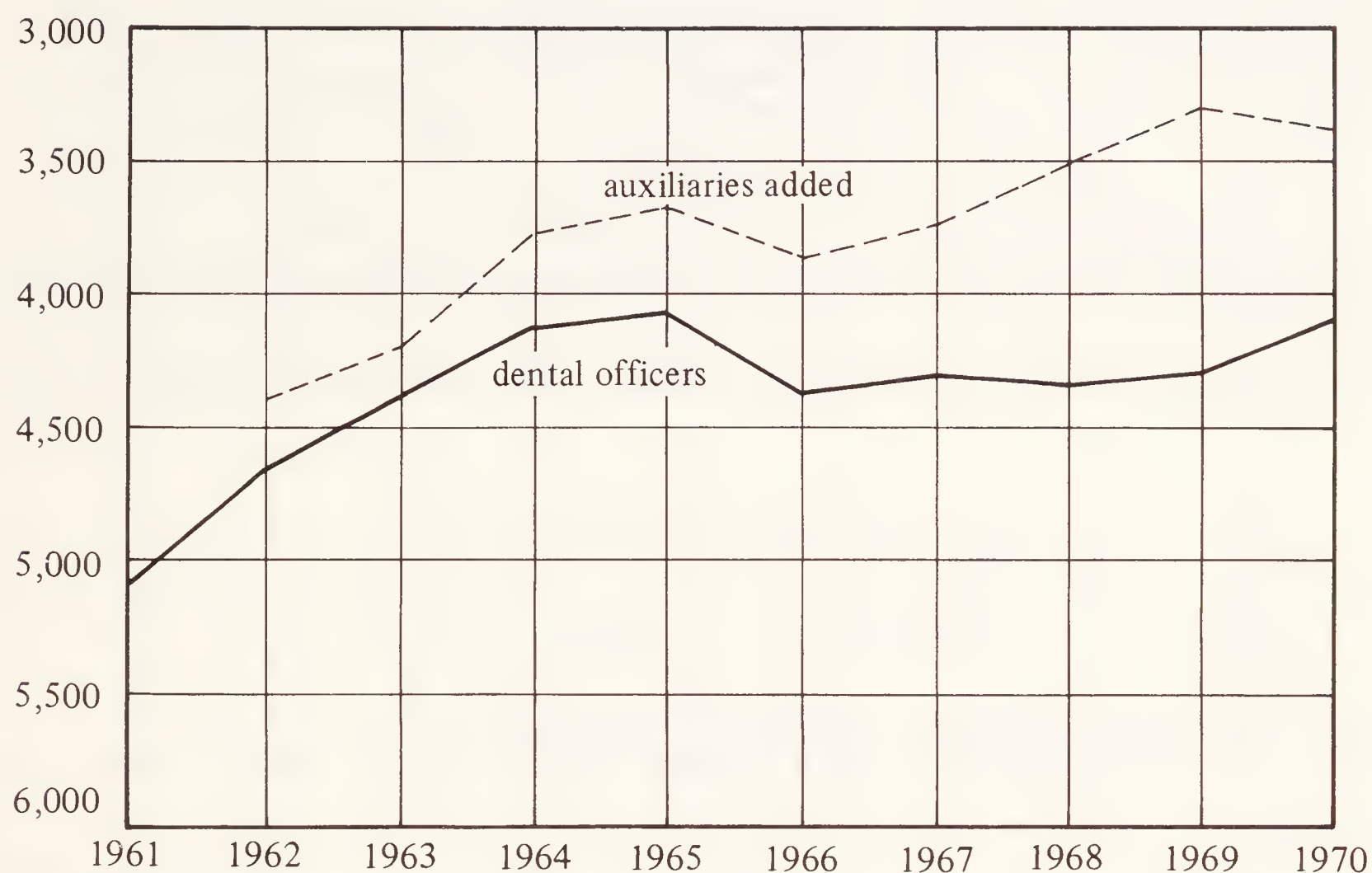
Table B gives similar information for the auxiliaries. There was an overall drop in their treatment sessions, particularly in mobile clinics, their mobiles being used for the increased dental officer staff. The fundamental importance of prevention made it undesirable to cut down this aspect of their work, and sessions spent in this way were almost the same as in 1969. With the reduced numbers available, this entailed just over 25% of their time being devoted to dental health, compared with the 20% which had been the aim hitherto.

Table B—Allocation of Sessions (Dental Auxiliaries)

Type of Session	Number	Percentage of total
Treatment in Fixed Clinics (School)	1,067	42.8
Treatment in Mobile Clinics (School)	713	28.6
M. and C.H. Treatment	84	3.4
Dental Health Education (School)	286	11.4
Dental Health Education (M. and C.H.)	344	13.8
	2,494	100.0

The total effective strength of manpower, and the changes over a 10-year period in comparison with the increasing school population, are shown in Fig. 1.

Fig. 1. Manpower—School children per Dental Officer (Auxiliaries added)



CLINICS

The opening of Yate Health Centre in July enabled the unsatisfactory clinic at Sodbury to be closed. It became necessary to vacate the dental suite at the Kingswood Urban District Council offices, temporary accommodation being found in a house nearby, pending the erection of Kingswood Health Centre.

Financial stringency put a stop to all but the most immediate and minor replacement of old equipment, and urgent action is needed in some clinics, as recommended in the official letter from the Departments.

INSPECTIONS

The number of pre-school children who were inspected rose yet again by 300 to 1,826. The special efforts made in Lydney and Coleford were matched at Cinderford at Christmas, the dental suite being decorated by the health visitors and the dental surgery assistant. The importance of a visit for dental inspection as early in life as possible cannot be over-emphasised.

The numbers inspected at routine school inspections were similar to those in 1969, but failed to keep pace with the increase in the school population. The trends over the past 10 years are shown in Fig. 2. In the County area all but 56 schools were inspected, covering about 86% of the school population. Absentees on inspection days reduced the numbers of children actually inspected, but some of these were subsequently inspected at clinics, and only one in five of County school children was not inspected in 1970.

Fig. 2. Percentage of School Population Inspected.

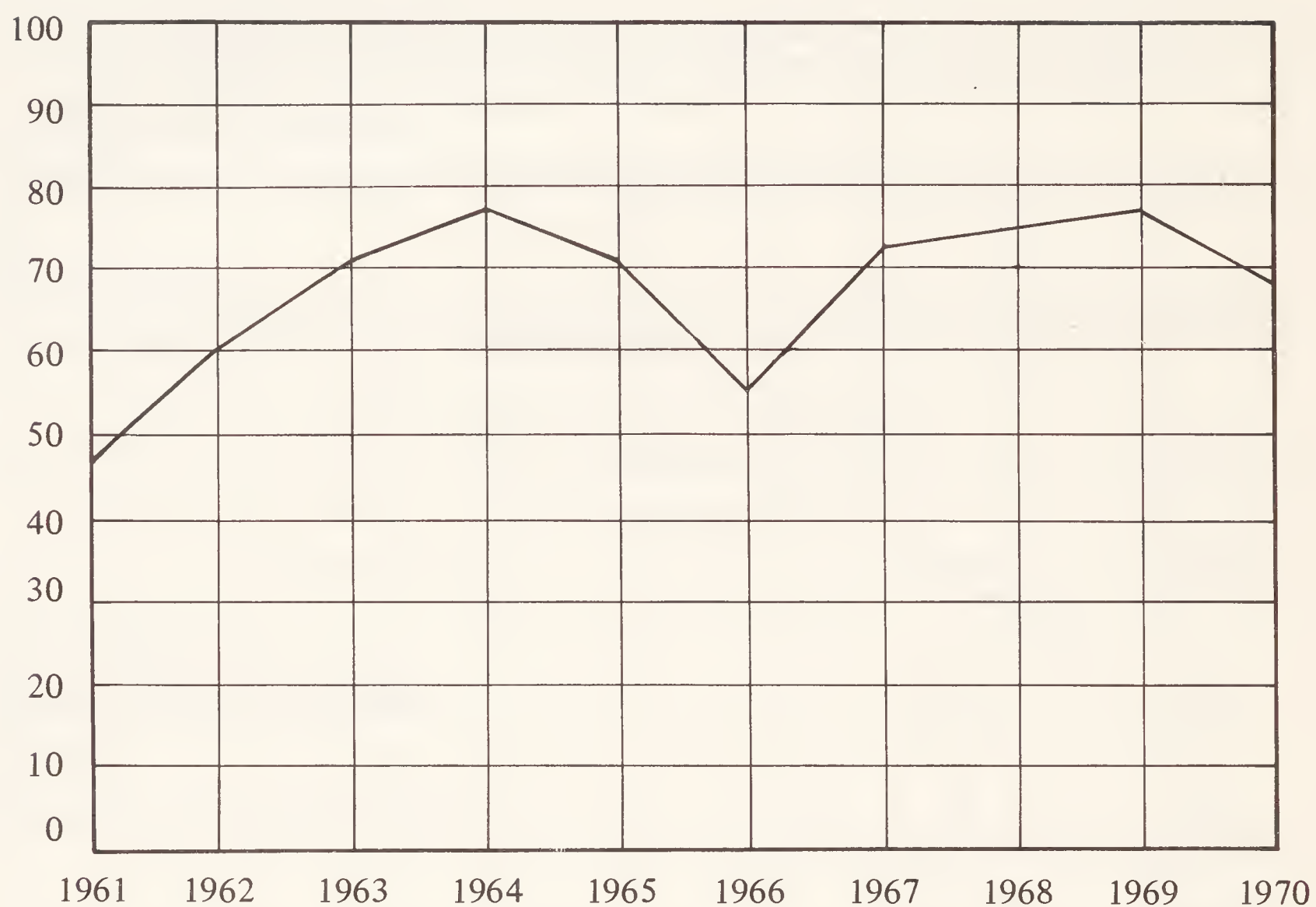


Table C gives the average of findings at routine school inspections. The trends noticed in 1969 were continued : slightly fewer requiring treatment, fewer recorded as having no regular treatment, and a slight rise in those regularly attending general practitioners. The last figure is necessarily a subjective assessment, yet it is probably a fair overall picture of the considerable contribution made by our colleagues in general practice. The figures in brackets are those for 1969.

Table C—Findings at School Dental Inspections

	Not Requiring Treatment	33.0%	(31.7%)
Requiring Treatment	Receiving Treatment—School Dental Service	28.8%	(29.9%)
	Receiving Treatment—General Dental Service	16.9%	(15.2%)
	No Regular Treatment	21.3%	(23.2%)

TREATMENT

Table D shows the pattern of treatment for 1970, and the changing trends. In 1969 I suggested that a ceiling in pre-school conservation might have been reached, and this appears to be confirmed. Extractions, which continue to fall steadily, are one index of changes in dental health, one effect of fluoridation in Birmingham being the dramatic fall in teeth extracted for young children.

Once again, the unexpected rise in permanent teeth filled for school children was repeated. The peak of 1961 (more than 2 teeth filled per child) was thought to be due to the ability to catch up with a backlog of work, and the fall from 1962 - 68 to a shorter inspection interval. The rise in 1969 - 70 suggests a slightly higher rate of decay in permanent teeth, and needs watching. Nearly 44% of the permanent teeth lost were deliberately extracted for orthodontic reasons, and the ratio of 23 teeth saved for every one lost due to decay will not be greatly increased—except as the result of fluoridation.

Comment was made last year on the rise in extractions of permanent teeth in the 5 - 9 age group. It was described as “depressing.” It may well be that this word was inappropriate, and that first permanent molars which have a poor chance of a useful life are being removed earlier. If so, the increase in this age group would be an indication of sound planning of treatment. Loss of a first permanent molar after the age of about ten years can cause serious problems, whereas extraction before this time may bring considerable benefit in relieving overcrowding. Total loss of permanent teeth from caries still decreases.

Table D—Treatment per 100 Patients

	Mothers			Pre-School			School		
	1970	1969	Av. 1964 -68	1970	1969	Av. 1964 -68	1970	1969	Av. 1964 -68
Fillings (permanent teeth) ...	209	217	175	—	—	—	191	183	176
„ (temporary teeth) ...	—	—	—	231	230	196	79	85	62
Total Extractions ...	95	109	135	77	84	94	51	53	60
Ratio of teeth filled to teeth extracted for caries (permanent)	2.0	1.8	—	—	—	—	23.1	22.6	19.3

ORTHODONTIC TREATMENT

Table E is no longer comparable with the return on form 28 (M) for the Department of Education and Science. The word “cases” had been taken to signify children receiving orthodontic treatment. It now appears, following the visit of Mr. Howard, that the Department wishes each phase of active orthodontic treatment to be recorded as a “case.” Further, orthodontic treatment carried out by means of extraction only (i.e. without associated appliance therapy) is no longer included on form 28 (M). Table E is continued as before, since I believe that the number of children treated is of more importance and significance than the number of phases into which this treatment may be divided, and that successful results which avoid the use of appliances are to be welcomed. The word “cases” in table E therefore means “children,” and in form 28 (M) means “courses.”

The year saw a slight drop in the number of new cases started, and although slightly more cases were completed and discontinued, there was no appreciable change in the total picture. The service is still strained to the limit.

Table E—Orthodontic Treatment

	Number	Percentage of total under treatment	Percentage increase or decrease over 1969
Cases under treatment, 1970	1,600	—	+1
New cases started in 1970	529	33	—3
Cases completed in 1970	464	29	—
Cases discontinued in 1970	53	3	—
Total completed or discontinued in 1970	517	32	—
Cases c/f to 1971	1,083	68	—

The orthodontic treatment of 507 children (32%) was by means of appliances only, appliances coupled with suitable extractions being used for 993 cases (62%) and extractions only for 100 cases (6%). Of all permanent teeth removed, 1,258 (43%) were extracted for orthodontic purposes. Dare we hope for the day when fewer teeth are extracted due to caries than are deliberately removed to afford more space?

Of the new cases started, 17% were undertaken by dental officers while 69 of the children under treatment had been referred to the service by general practitioners. Mr. Everard and Mrs. Popplewell continued their bi-weekly sessions at Bristol Dental Hospital, and Mr. Everard attended the Gloucester cleft palate clinic as required. Several cleft palate cases were treated with moulding appliances shortly after birth by the hospital consultants. Apart from helping the physical problem of feeding, this treatment is of psychological help to parents distressed by the condition of their infant.

ANAESTHETICS

Medical anaesthetists attended 213 of the 236 sessions held. Emergencies requiring general anaesthesia were dealt with either by two dental officers combining or by calling on one of the medical anaesthetists.

A new extension of the service was the use of prolonged general anaesthesia for conservation in Cheltenham Borough. By this means it was possible to give complete treatment to the very small minority of patients (mainly those with a mental handicap) whom it was found impossible to treat when conscious. Nine general anaesthetic sessions were spent mainly on conservation.

Local anaesthesia was used for extraction of 56% of the teeth removed for mothers, 8% for pre-school and 45% for school children.

OTHER WORK

Details of the work done for the mentally handicapped attending training centres, and for Kingswood Training and Classifying schools (a Home Office approved establishment) are given in tables F and G.

*Table F—
Training Centres*

Centres inspected	....	3
Children inspected	....	195
Children requiring treatment	....	129
Children treated	....	89
Fillings	....	248
Extractions	....	122
Dentures	....	4

*Table G—
Kingswood Training and Classifying
Schools*

Sessions	....	24
Inspected	....	133
Requiring Treatment	....	95
Treated	....	94
Fillings	....	222
Extractions	....	58
Dentures	....	1

DENTAL LABORATORY

The changes consequent on the illness of Mr. Hopkins have been mentioned earlier. It is with pleasure that I can report that the grading difficulties which had caused so many problems were resolved during the year. The grading structure now reflects fairly the highly specialised type of work which occupies most of the time. Since about half the time is spent on work for the hospital dental staff, agreement was reached with the Management Committee that total costs should be shared between County and Hospital in proportion.

The acute shortage of suitably skilled technicians continued to be a problem, and one vacancy remains to be filled. Some work therefore had still to be sent to commercial firms, and the strain on the staff throughout the year was very heavy. In addition to overtime, the two most experienced technicians have to be on call for the hospital on alternate week-ends, including national holiday periods. The County is indeed fortunate to have a team of technicians of outstanding ability and devotion to their work. There can be few laboratories in the country to rival the excellent premises and equipment provided in Gloucestershire.

Changes in the administrative system relieved the technicians of all paper work, by means of close liaison between the central dental office and the part-time laboratory clerk. Table H gives an outline of the work.

Table H—Work of the Dental Laboratory

Ortho- donic Appliances	Dentures	Repairs and Relines	Crowns and Inlays	Study Models (pairs)	Splints and Special Appliances	Total No. of Operations
997	322	88	58	1,174	63	3,960

TRAINING

Mr. Pengelly started the course in Birmingham for the Diploma in Public Dentistry—a decision commended in the letter from the Department of Education and Science, who hoped that similar opportunities would be granted to other members of the staff. Four dental officers attended the course organised by the Dental Group of the Society of Medical Officers of Health on Anaesthesia and Planning in Children's Dentistry. I was again invited to the Birmingham Study Group, which is concerned with the dental problems of the handicapped and elderly, and Mr. Pengelly and I attended the Fluoridation Study Group. Mrs. Miles and I attended the Conference of the British Dental Association in Manchester, in order to put on a demonstration on the subject of biscuits in schools and caries of incisor teeth.

Mrs. Miles obtained tuition in presentation and speaking, leading to the Associateship (in public speaking) of the London Academy of Music and Dramatic Art. This was a voluntary effort on her part, in order to improve her competence in the presentation of dental health education, and deserves our congratulations. One dental surgery assistant passed the Dental Nurses and Assistants examination: four are currently attending a course in Bristol and two have obtained the certificate in previous years. There is both need and demand for a centrally based course to be provided. Gloucester, Cheltenham or Stroud are possible locations.

In addition to the apprentice, one of the technicians attended the Matthew Boulton College for training in the Advanced Orthodontic Certificate. The effect of these training opportunities is a manifest increase in the knowledge, skill and interest in their work of the staff concerned. Because of the importance of this aspect of the authority's work and expenditure, the inception of the Local Government Training Board is welcome. Yet it is a sorry reflection that the training budget for the following year has had to be severely cut, seriously limiting the opportunities of the dental staff to become of more value to the authority and the children who depend on their skill and enthusiasm.

SPECIAL PROJECTS

Mr. Willetts' study of the effects of topical fluoride application, and Mr. Stables' research into the incidence of missing teeth, continued throughout the year. Findings should be available in 1971. Mr. Carpenter investigated the reaction of parents and children to general anaesthetics.

PREVALENCE OF DECAY

The recording of outline figures of caries prevalence, for all children seen at school inspections aged 5, 8 and 14, began nine years ago. Few if any of the records are the findings of trained observers working to a statistical method, but all records obtained are carefully scrutinised and checked with known information, with the result that figures of which the accuracy is suspect are not included. The result is not a scientific study, but a valuable and interesting record of the changing trends of caries in Gloucestershire over the nine years, and of the differences in different areas. For children aged 5 years of age, the numbers free from decay or with 10 or more teeth decayed, extracted or filled are recorded, using the whole deciduous dentition (ignoring teeth naturally shed). For children aged 8 years (using a year of birth) the numbers with all deciduous molars either free from decay or decayed, extracted or filled are recorded. For the 14-year old children (using a year of birth) the number of children with one or more incisors decayed, filled or extracted for caries is recorded. These simplified records enable a general picture of the prevalence of decay in school children to be given. The figures are given in Table I.

In 5-year old children in the County as a whole, the numbers with no decay have increased by 6%, but the numbers with severe decay (10 or more d.e.f. teeth) have shown little improvement. The peak was in 1965 - 66, and there has been a slight decrease from that peak. Teeth in rural areas were found to be worse than those in urban areas, the Forest of Dean, North Cotswolds and the area between A.38 and the Severn being the worst of these. Of the urban areas, Bristol suburbs were the best and Stroud the worst. Regional changes have been noted each year in Annual Reports, together with the interesting changes for the better in areas where dental health education has been intensified.

The figures of 5-year old children indicate the influence of pre-school life. The factors involved are the teeth's resistance to acid (from sugar) and the complex of factors responsible for what a young child sucks, and—most important—when he sucks it. Fluoridation alone will improve tooth resistance dramatically: dental health education attempts to modify the pattern of feeding and upbringing.

In 8-year old children we see the effect of school superimposed on the home background. As with the 5-year old children, the numbers with deciduous molars with no decay has increased, while the numbers with all these teeth affected by caries rose to a peak in 1968, following the pattern of the 5-year olds three years earlier.

The figures of 14-year old children with one or more of their incisor teeth affected by decay (roughly corresponding to the condition of 10 or more d.e.f. teeth in 5-year old children) has shown a steady decline since a peak in 1963. These teeth appeared in the mouth at age 7 - 10, and their condition at age 14 is mainly the result of habits at the former ages—the Primary school years. Thus it is reasonable to assume that we are seeing the effects of the interest and help of school heads, in particular in Primary schools. The changes from biscuits to crisps and nuts sold in school are a major factor in influencing what children consume as snacks. The thanks of all must go to those teachers who have helped so much, coupled with the effects of the dental health talks given in schools over the period.

Table 1—Caries Prevalence in Gloucestershire—1970

Type of Area	District	5 year old children					8 year old children					14 year old children		
		Number inspected	Number with no d.e.f. teeth	Percentage with no d.e.f. teeth	Number with 10 or more d.e.f. teeth	Percentage with 10 or more d.e.f. teeth	Number inspected	Number with no d.e.f. molars	Percentage with no d.e.f. molars	Number with 8 d.e.f. molars	Percentage with 8 d.e.f. molars	Number inspected	Number with 1 or more d.m.f. incisors	Percentage with 1 or more d.m.f. incisors
Urban	Cheltenham Borough	713	209	29.3	55	7.7	592	54	9.1	168	28.3	564	133	23.5
	Cheltenham Suburbs	425	127	29.8	41	9.6	371	53	14.2	125	33.7	326	93	28.5
	Gloucester Suburbs	321	69	21.4	45	14.0	272	23	8.45	84	30.8	297	127	42.7
	Bristol Suburbs	2,010	553	27.5	163	8.1	1,878	181	9.6	460	24.5	1,185	269	22.7
	Stroud and District	331	61	18.4	43	12.9	265	25	9.0	82	30.9	151	57	37.7
	Area Total	3,800	1,019	26.8	347	9.1	3,378	336	9.9	919	27.2	2,523	679	26.9
Small Towns (Pop. 1,500 to 10,000)	Forest of Dean	410	62	15.1	103	25.1	251	9	3.5	122	48.6	414	158	38.1
	North Severn Vale	234	46	19.6	35	14.9	203	15	7.3	76	37.4	172	55	31.9
	South Severn Vale	741	194	26.2	70	9.4	599	49	8.2	203	33.8	511	117	22.9
	North Cotswold	101	31	30.7	9	8.9	175	10	5.7	58	33.1	302	89	29.5
	South Cotswold	300	51	17.0	48	16.0	346	30	8.7	103	29.7	275	89	32.4
	Area Total	1,786	384	21.5	265	14.8	1,574	113	7.2	562	35.7	1,674	508	30.3
Villages	Forest of Dean	253	30	11.8	53	20.9	267	10	3.7	109	40.8			
	North Severn Vale	312	84	26.9	52	16.7	287	35	12.2	99	34.5			
	South Severn Vale	313	99	31.6	33	10.5	371	42	11.3	127	34.2			
	North Cotswold	263	69	26.2	31	11.7	248	20	8.0	71	28.6			
	South Cotswold	333	86	25.8	32	9.6	300	34	11.3	90	30.0			
	Area Total	1,474	368	24.9	201	13.6	1,473	141	9.6	496	33.6			
	Grand Total	7,060	1,771	25.1	813	11.5	6,425	590	9.2	1,977	30.7	4,197	1,187	28.3

“Despite the lack of auxiliary recruitment and the inevitable effect on the dental health services in this County, total activities for 1970 did not decline too dramatically. Table J provides details.

Table 3

	No. Visited		No. of Visits or Talks	
	1970	1969	1970	1969
Mothercraft	26	21	123	74
Play Groups	111	24	205	48
Child Health Clinics—Fixed	83	113	156	210
Mobile	49	61	52	61
Schools—Primary	190	232	707	879
Secondary	16	21	29	36
Other Audiences	23	32	23	32
Total	498	504	1,295	1,340

Our visits to both Federation and Mobile Child Health Clinics were fewer (208), owing to emphasis being laid more on mothercraft and fewer auxiliaries to cover these clinics. A very pleasing total of 205 talks was given to play groups. It is quite amazing the amount of knowledge which under fives take home to mother and that is what makes these talks so invaluable.

For the past two years Mr. Smyth has inspected a number of five year old children in various schools in this County, and I have accompanied him. To have personally seen the severe dental condition of so many of these small children re-emphasizes the directions in which to point our dental health. These children also illustrated vividly to me the need of help which could be bestowed on Gloucestershire's children by fluoridation.

Exhibitions were held in two of the County's Secondary schools and displays have also been erected in several of the health centres and clinics. I gained experience in taking a display to the British Dental Association Conference at Manchester. It was helpful to see such a variety of displays, and also useful

to talk to so many people interested in dental health from different authorities. With money so short it is unfortunately not possible for me or the auxiliaries to attend many outside activities, which is vital in serving as a stimulant to one's own work in dental health. During the year four dental health meetings were held in this County, as well as other staff meetings. To discuss each other's activities and the various ways we each deal with different audiences helps to create a happy dental health team. The meetings also provide the vital opportunity for discussing policies in dental health.

It is encouraging to see a slight improvement in the overall caries prevalence figures. For the very first time, this year has shown a substantial improvement in the Dursley area, and although one is never able to give proof of dental health, I feel the auxiliaries who have worked there and who are now scattered around the country can feel inwardly proud of their contributions. These figures also reveal the tremendous task still ahead for any dental health educator in the Forest area, and I regret I cannot see any substantial improvement happening here until more auxiliaries are acquired and a concentrated long-term effort made.

Finally, may I thank Mr. Smyth for his help and guidance during the year, and everyone else in this County who have supported us in our dental health activities. A very busy year looms ahead—I hope it will prove a progressive one also."

CONCLUSION

While it is pleasing to have received a satisfactory report from the Government departments, it must be continually remembered that the service is run for the benefit of the children in Gloucestershire and that the only true yardstick of success is whether dental health in the County has improved or not. The scope and coverage of the treatment services have increased almost beyond recognition compared with twenty years ago. Some progress has been made in reducing the prevalence of gross decay in certain age groups, thanks, we believe, to the wholehearted efforts of our dental health education team over the past twelve years. The existing level of decay, however, gives no grounds whatsoever for complacency and the preventive side of the service must continue to be given full support. At the risk of labouring the point, the greatest help which could be given to the parents of the children of Gloucestershire would be fluoridation.

The success of the dental service depends on the co-operation and enthusiasm of all those concerned—dental officers and auxiliaries, dental surgery assistants, doctors, health visitors, teachers, office staff and many others. What has been achieved may be considered a tribute to the level of interest and co-operation which has been one of the most pleasing aspects of the dental service in Gloucestershire for many years.

Table K—Local Authority Dental Services for Expectant and Nursing Mothers and children under 5 years as at December, 1970

ATTENDANCES AND TREATMENT										Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year											
First Visit	....	....	....	....	....	....	....	....	....	972	140
Subsequent Visits	....	....	....	....	....	....	....	....	....	1,317	258
Total Visits	....	....	....	....	....	....	....	....	....	2,789	398
Number of Additional Courses of Treatment other than the First Course commenced during year										128	7
Treatment provided during the year—Number of Fillings										2,243	303
Teeth Filled	....	....	....	....	....	....	....	....	....	1,906	276
Teeth Extracted	....	....	....	....	....	....	....	....	....	748	133
General Anaesthetics given	....	....	....	....	....	....	....	....	....	289	17
Emergency Visits by Patients	....	....	....	....	....	....	....	....	....	68	10
Patients X-rayed	....	....	....	....	....	....	....	....	....	7	29
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)										73	64
Teeth Otherwise Conserved	....	....	....	....	....	....	....	....	....	110	—
Teeth Root Filled	....	....	....	....	....	....	....	....	....	—	—
Inlays	....	....	....	....	....	....	....	....	....	—	2
Crowns	....	....	....	....	....	....	....	....	....	—	—
Number of Courses of Treatment Completed during the year										905	112
PROSTHETICS											
Patients Supplied with F.U. or F.L. (First Time)										6	
Patients Supplied with Other Dentures										20	
Number of Dentures Supplied										28	
ANAESTHETICS											
General Anaesthetics Administered by Dental Officers										56	
INSPECTIONS											
Number of Patients given First Inspections During year										A 1,828	D 150
Number of Patients in A and D above who required Treatment										B 992	E 145
Number of Patients in B and E above who were offered Treatment										992	145
SESSIONS											
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :											
For Treatment										487	
For Health Education										344	

Table L

INSPECTIONS				Inspected	Number of Pupils Req. Treatment	Offered Treatment
(a) First Inspection—School	....	....	....	66,695	51,557	38,377
(b) First Inspection—Clinic	....	....	....	6,139		
(c) Re-inspection —School or Clinic	....	....	....	7,860	4,872	4,834
Totals	....	....	....	80,694	56,429	43,211

Note. Sections below include all work done by Dentists, Auxiliaries and Hygienists.

VISITS (for treatment only)		5-9	Age 10-14	15 and over	Total
First Visit in the Calendar Year	....	13,109	9,367	1,839	24,315
Subsequent Visits	....	15,418	20,401	3,583	39,402
Total Visits	....	28,527	29,768	5,422	63,717

COURSES OF TREATMENT

Additional Courses Commenced	....	1,370	1,036	193	2,599
Total Courses Commenced	....	14,470	10,358	2,032	26,860
Courses Completed	....	—	—	—	23,867

TREATMENT

Fillings in Permanent Teeth	....	15,413	24,518	6,487	46,418
Fillings in Deciduous Teeth	....	18,419	808	—	19,227
Permanent Teeth Filled	....	11,909	20,429	5,596	37,934
Deciduous Teeth Filled	....	16,579	747	—	17,326
Permanent Teeth Extracted	....	477	1,965	455	2,897
Deciduous Teeth Extracted	....	7,486	2,093	—	9,579
Number of General Anaesthetics	....	2,044	636	42	2,722
Number of Emergencies	....	617	347	47	1,011

Number of Pupils X-rayed	....	....	....	2,012
Prophylaxis	....	....	....	2,950
Teeth Otherwise Conserved	....	....	....	1,391
Teeth Root Filled	....	....	....	122
Inlays	....	....	....	3
Crowns	....	....	....	77

ORTHODONTICS

New Cases Commenced during the year	....	....	....	494
Cases Completed during the year	....	....	....	468
Cases Discontinued during the year	....	....	....	53
Number of Removable Appliances Fitted	....	....	....	1,113
Number of Fixed Appliances Fitted	....	....	....	35
Number of Pupils Referred to Hospital Consultants	....	....	....	—

DENTURES	Age 5-9	Age 10-14	Age 15 and over	Total
Number of Pupils fitted with Dentures for the first time :				
(a) With Full Denture	—	—	2	2
(b) With Other Dentures	2	51	23	76
Total	2	51	25	78
Number of Dentures supplied (first or subsequent time)	2	61	26	89

ANAESTHETICS

Number of General Anaesthetics Administered by Dental Officers 370

SESSIONS

	Adminis- trative Sessions	Number of Clinical Sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		Inspection at School	Treat- ment	Dental Health Education	Treat- ment	Dental Health Education	
Dental Officers (incl. P.S.D.O.)	546	875	9,290	22	403	33	11,169
Dental Auxiliaries	—	—	1,780	286	84	344	2,494
Dental Hygienists	—	—	—	—	—	—	—
Total	546	875	11,070	308	487	377	13,663

SECTION F

SCHOOL HEALTH SERVICE

(1) County

(i) SCHOOL MEDICAL INSPECTIONS

During the year the system of pre-school medical examinations was introduced in substitution for the routine medical examination which children have previously received during their first year in school. As children reach the age of approximately 4½ years, arrangements are made for them to attend with their parents at the local Child Health Clinic for examination.

The new scheme has the advantage of providing an earlier diagnosis of problems and difficulties which may have an effect on a child's educational progress, and it also permits a reduction in the disruption of the school routine. In 1970, a total of 2,814 children were seen under the revised arrangements.

(ii) SWEEP TEST OF HEARING

Two hundred and seventy-nine schools were visited to test the hearing of children in their sixth year. Out of 8,820 children tested 484 were found to have a defect in one or both ears and were notified to the School Medical Officer for follow up.

A further 2,859 tests were undertaken, either as retests at the request of School Medical Officers, absentees from a previous visit or at the special request of head teachers. Of these 441 were found to have a hearing defect and were referred to the School Medical Officers.

(iii) SPEECH THERAPY

Because of staff shortages it was once again not possible to provide a full service in all parts of the County throughout the year and mid-Gloucestershire particularly could not be covered adequately, despite some re-deployment of the existing full-time and part-time staff. It was decided to request provision in the budget for the next financial year for the establishment to be increased by the appointment of a Senior Speech Therapist, as it was felt that such an appointment, if approved, would be likely to improve recruitment.

As a result of a short course arranged and conducted by a member of the County's School Psychological staff, most Speech Therapists are now qualified to conduct the Reynell Developmental Language tests, which provides them with a method of assessment, particularly relevant to their work.

(iv) ORTHOPAEDIC SERVICES

The year saw the retirement from full-time service of Miss N. Long, the County's longest serving Orthopaedic After-Care Sister, and we are particularly grateful that she kindly consented to continue in a part-time capacity because it has not yet proved possible to make a new appointment.

One part-time Physiotherapist has continued to give specialist Bobath treatment for children who benefit from this.

An additional appointment was requested in the budget for 1971/72 to meet increased demands arising from the population growth since the current establishment was fixed.

(v) ASSESSMENT OF EDUCATIONAL AND EMOTIONAL HANDICAPS

The close liaison between the School Psychological Service and the School Health Service has continued and has been found to be of great benefit in speeding up the assessment of children with educational handicaps.

An Enuresis Clinic was established during the year at the Quayside Clinic, Gloucester, and children are seen there by the Senior Departmental Medical Officer. In appropriate cases children can be referred on to the Child Guidance Clinic for help and advice.

(vi) VACCINATION AND IMMUNISATION

Tables 1, 2, 3 and 4 on page 24 give the statistics.

We have continued to offer vaccination against measles in accordance with national policy. The acceptance rate for this does appear to be affected considerably by publicity and reports during August last that measles cases were reaching epidemic proportions brought an immediate sharp increase in demand.

Vaccination for protection against Rubella became available during the autumn term and we were able to introduce an immediate scheme of vaccination for girls in the thirteen year age group in accordance with the recommendations of the Department of Health and Social Security. By the end of the year, 727 girls had received vaccination. Although this disease is normally mild, it is of course well known that if it is contracted by a woman in the early months of pregnancy, this can result in her baby being born with one or more defects. Particular importance is, therefore, being attached to this campaign, and will continue to be so, to ensure that as many girls as possible receive protection.

Heaf Testing and B.C.G. Vaccination of Children at about 12 years of age continued. In the County, 6,644 invitations were sent and 5,812 acceptances were received, giving an acceptance rate of 87 per cent.

(vii) EMPLOYMENT OF SCHOOL CHILDREN

A revised procedure was introduced during the year for the screening of applications for medical certificates for children wishing to take up part-time employment. In most cases the children are no longer medically examined, but their fitness for employment is assessed on the basis of a medical questionnaire completed by the parent plus the particulars available on the child's medical record. 356 children were issued with certificates of fitness during the year and one child was found to be unfit.

(viii) HOME AND HOSPITAL TUITION

Nineteen children were receiving home tuition at the end of the year. 242 children in hospital schools and 200 short-stay patients in hospital received tuition during the year.

(ix) DENTAL SERVICE

The report of the Principal School Dental Officer is shown on page 65.

(x) SWIMMING POOLS AT SCHOOLS AND OTHER COUNTY PREMISES

Three new pools were brought into use during the year and arrangements were made for two private pools and a pool at a former school to be used by other schools, bringing the number of pools in use during the year to forty-six. Work was in progress on a further six pools and will shortly commence on another five. A large paddling pool was built at a Children's Home and at present operates on a fill-and-empty system. Consideration is being given to the provision of a small filtration plant.

Experiments were carried out at four schools on the use of chlorinated isocyanurates and will continue during the forthcoming year.

The Public Health Officers and Sampling Officers visited all the pools regularly to carry out field tests on the pool water.

The Public Health Officers are available to advise on the provision and operation of swimming pools and gave a number of evening talks to Parent/Teachers Associations considering such provision.

(xi) FOOD HYGIENE

Routine visits were made by the County Public Health Officers to kitchens at County owned premises and a number of talks were given to various groups on this subject.

(xii) NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

COUNTY (excluding Cheltenham), January, 1971.

					No. of Schools	No. on Registers
1. Nursery	....	....	....	....	1	36
2. Primary	....	....	....	....	323	52,676
3. Secondary	....	....	....	....	52	30,554
4. Special	....	....	....	....	8	702
					<hr/>	<hr/>
Total	....	....	....	....	384	83,968
					<hr/>	<hr/>

CHELTENHAM EXCEPTED DISTRICT

					No. of Schools	No. on Registers
1. Primary	....	....	....	....	26	7,596
2. Secondary	....	....	....	....	11	5,321
3. Special	....	....	....	....	3	241
					<hr/>	<hr/>
	Total	....	....	....	40	13,158
					<hr/>	<hr/>
	GLOUCESTERSHIRE TOTAL	....	....	....	424	97,126
					<hr/>	<hr/>

STATISTICAL TABLES

Table 1—*Eductionally Subnormality*

Year	Total No. of Examina- tions	Recommendation from Examination					For Care and Guidance after leaving School
		Resi- dential Special School	Day Special School	S.E.T. in Or- dinary School	Normal (Ordin- ary School)	Un- suitable for Education	
1962	382	49	97	134	22	21	59
1963	347	35	108	102	27	17	58
1964	306	28	113	74	17	16	58
1965	341	28	117	66	22	18	90
1966	357	32	109	78	30	19	89
1967	374	32	152	71	24	15	80
1968	286	36	105	57	11	18	59
1969	335	31	169	37	31	3	48
1970	148	15	61	—	12	—	66

In addition 126 children were ascertained as requiring special educational treatment on the basis of assessments carried out by Educational Psychologists.

Sixty children were examined and referred to the local health authority without formal action.

Table 2—*Children Requiring Education at Special Schools*

	Newly Assessed	Placed in Year	At end of year			
			Requiring Places		Attending	
			Day	Boarding	Day	Boarding
1. Blind ...	4	4	—	3	—	14
2. Partially Sighted ...	4	—	—	2	3	10
3. Deaf ...	1	—	—	—	5	7
4. Partially Hearing ...	3	1	—	—	3	7
5. Physically Handicapped ...	25	14	19	—	40	40
6. Delicate ...	9	4	1	—	1	27
7. Maladjusted ...	41	44	14	24	68	101
8. E.S.N. ...	240	223	239	30	693	204
9. Epileptic ...	2	—	—	—	—	2
10. Speech Defects ...	—	—	—	—	—	1
Total ...	329	290	273	59	813	413

MEDICAL INSPECTION AND TREATMENT

PART 1.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A—Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examina- tion	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examinat'n	Pupils found to require treatm't (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	—	—	—	—	—	—	—
1965	7,105	7,101	4	—	123	374	446
1964	4,607	4,605	2	—	102	286	338
1963	728	728	—	—	29	58	78
1962	1,312	1,310	2	—	139	96	209
1961	101	101	—	—	11	3	13
1960	37	37	—	—	3	3	5
1959	538	538	—	—	33	44	70
1958	1,846	1,846	—	370	151	100	239
1957	835	835	—	1,585	73	32	88
1956	676	676	—	703	95	42	124
1955 and earlier	363	363	—	27	103	23	118
Total	18,148	18,140	8	2,685	865	1,061	1,728

Column (3) total as a percentage of Column (2) total ... 99.95%

Column (4) total as a percentage of Column (2) total ... 00.05%

Table B—Other Inspections

Number of Special Inspections	....	....	....	6,053
Number of Re-inspections	....	....	....	15,745
Total	....	....	....	21,798

Table C—Infestation with Vermin

NOTES.—All cases of infestation, however slight, are included. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	....	....	....	....	....	....	....	....	84,703
(b) Total number of individual pupils found to be infested	....	....	....	....	....	....	....	....	1,000
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	....	....	....	....	....	....	....	....	248
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	....	....	....	....	....	....	....	....	—

PART 2.—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE.—All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The number of pupils found to require treatment (T) and the number of pupils found to require observation (O) are included separately.

Defect Code No. (1)	Defect or Disease (2)						Periodic Inspections				Special Inspection
							Entrants	Leavers	Others	Total	
4	Skin	...	...	...	...	T	48	7	24	79	6
						O	364	24	114	502	55
5	Eyes	(a) Vision	...	...	...	T	262	195	409	866	1,374
						O	824	54	579	1,463	3,312
		(b) Squint	...	...	...	T	172	10	42	224	20
						O	288	1	25	314	29
		(c) Other	...	...	...	T	11	3	11	25	10
						O	60	21	23	104	78
6	Ears	(a) Hearing	...	...	...	T	130	4	34	168	25
						O	1,164	6	207	1,377	146
		(b) Otitis Media	...	...	...	T	37	1	8	46	3
						O	351	1	31	383	32
		(c) Other	...	...	...	T	14	1	2	17	2
						O	106	2	16	124	7

Defect Code No. (1)	Defect or Disease (2)						Periodic Inspections				Special Inspection
							Entrants	Leavers	Others	Total	
7	Nose and Throat	T	56	1	13	70	5				
		O	1,051	14	178	1,243	76				
8	Speech	T	94	1	11	106	16				
		O	618	—	46	664	53				
9	Lymphatic Glands	T	12	1	3	16	2				
		O	356	—	40	396	15				
10	Heart	T	17	—	1	18	2				
		O	290	8	48	346	29				
11	Lungs	T	11	—	8	19	2				
		O	351	19	163	533	29				
12	Developmental (a) Hernia	T	13	—	—	13	4				
		O	99	—	4	103	—				
		T	43	3	19	65	5				
		O	506	10	137	653	35				
13	Orthopaedic (a) Posture	T	7	9	8	24	2				
		O	147	19	57	223	31				
		T	91	1	19	111	6				
		O	309	10	39	358	25				
		T	30	8	14	52	1				
		O	180	24	53	257	25				
14	Nervous System (a) Epilepsy	T	10	2	5	17	8				
		O	74	2	23	99	27				
		T	8	—	1	9	3				
		O	185	4	32	221	39				
15	Psychological (a) Development	T	25	1	16	42	557				
		O	407	1	121	529	87				
		T	25	2	28	55	109				
		O	819	6	190	1,015	146				
16	Abdomen	T	6	7	8	21	12				
		O	109	4	30	143	12				
17	Other	T	24	2	27	53	5				
		O	358	1	195	554	76				

PART 3.— TREATMENT OF PUPILS

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	110
Errors of refraction (including squint)	3,170
Total	3,280
Number of pupils for whom spectacles were prescribed	1,526

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	63
(b) for adenoids and chronic tonsillitis	717
(c) for other nose and throat conditions	36
Received other forms of treatment	154
Total	970
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids :—	
(a) during the calendar year 1970	19
(b) in previous years	215

Table C—Orthopaedic and Postural Defects

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	3,278
(b) Pupils treated at school for postural defects	—
Total	3,278

Table D—Diseases of the Skin

(excluding uncleanness, for which see Table C of Part 1)

										Number of pupils known to have been treated
Ringworm	(a)	Scalp	...	...	...	...	...	...	...	—
	(b)	Body	...	...	...	...	...	...	...	2
Scabies	...	...	...	...	...	...	...	...	...	35
Impetigo	...	...	...	...	...	...	...	...	...	38
Other skin diseases	...	...	...	...	...	...	...	...	...	7
			Total ...						...	82

Table E—Child Guidance Treatment

						Number known to have been treated
Pupils treated at Child Guidance Clinics ... .. .	...	...	...	...	...	2,010

Table F—Speech Therapy

						Number known to have been treated
Pupils treated by speech therapists	...	...	...	...	...	899

Table G—Other Treatment Given

	Number known to have been treated
(a) Pupils with minor ailments	991
(b) Pupils who received convalescent treatment under School Health Service arrangements	21
(c) Pupils who received B.C.G. vaccination	5,023
(d) Other than (a), (b) and (c) above	70
Total (a) - (d)	6,105

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT, 1970

DR. T. O. P. D. LAWSON, SCHOOL MEDICAL OFFICER

The staff of the Cheltenham School Health Service includes two School Doctors, three Dental Surgeons, a full-time Speech Therapist and two part-time Speech Therapists, and a School Clinic Nurse.

1. Medical Inspection at the Schools

The routine medical inspection of school children has continued during 1970 and 3,737 children were examined throughout the year.

Children are examined :

- (a) on entry for the first time to a maintained school,
- (b) during the year in which they are eight years old, and
- (c) in the last year of their attendance at a secondary school.

In addition to these routine examinations, children can be seen at any age by the School Doctor if requested by a parent, teacher or nurse.

Parents are invited to be present at these examinations and if defects are found the child is referred to the family doctor for treatment if required, or re-inspected at school at a later date in order to assess progress. Ophthalmic cases are referred direct to the Hospital Eye Clinics and direct referrals are also sometimes made to the Child Guidance Clinic and to the School Psychological Service.

2. Minor Ailment Clinics

The clinic is open on Monday and Friday afternoons for children suffering from minor injuries such as sprains and abrasions or other ailments, such as boils, warts and athlete's foot. Treatment is carried out by the School Nurse or a Health Visitor under the supervision of a School Doctor. During the school holidays minor ailments clinics continue to be held on the usual days.

During term time additional clinics are held weekly at Whaddon, Oakley and Elmfield Schools.

3. Enuresis Clinic

The facilities offered by the Enuresis Clinic are more and more in demand. It is appreciated by the General Practitioners in the town, from whom a large number of the cases are referred. One of the local Consultant Surgeons has offered to see cases referred to him from the clinic when necessary.

4. Prevention of Tuberculosis

B.C.G. vaccination against tuberculosis has now become a popular preventive measure with parents. It is offered to all children of thirteen years and over. The acceptance rate for 1970 was 85.8%.

5. Ascertainment of Handicapped Children

Children who are failing to make satisfactory progress in ordinary schools are referred by their Head Teacher for investigation and assessment. Those children who are considered to be handicapped are reported to the Education Committee and recommended for transfer to an appropriate special school or training centre.

We have excellent co-operation with the special schools and centres in Cheltenham and many individual cases are discussed with the Head Teachers before a final decision is made. This co-operation on an informal basis is a great help to the School Medical Officers and is in the best interests of the children concerned.

6. School Dental Service

Figures for the year show a slight overall increase. Mr. Stone has spoken to Young Wives' Groups, P.T.A.'s etc. Miss Laister, Dental Auxiliary, has visited Child Health Clinics and has spoken to and advised the mothers attending them.

7. Diphtheria and Tetanus Immunisation

Immunisation is always discussed as a part of the routine school medical examination and parents are urged to accept the necessary booster injections for their children.

8. Poliomyelitis Vaccination

Booster doses of oral poliomyelitis vaccine are offered to all children soon after they commence school.

9. Orthopaedic Defects

A physiotherapy clinic is available as part of the School Health Service. The majority of children who are referred to the clinic have either postural or foot defects and are followed up by a School Medical Officer after treatment. Ultra-violet light therapy is also available and is of most help during the winter months.

10. Speech Defects

Regular speech therapy sessions are held at the School Clinic and in various schools throughout the town.

11. Audiometry in Schools

The policy of testing the hearing of all schoolchildren who have reached the age of six years has continued in the Borough throughout the year. Testing is carried out by a qualified audiometrician using a portable audiometer and, when necessary, cases are followed up, referred to their family doctors or to hospital as required.

An audiometry clinic is held at the School Clinic during each school holiday when the children are seen by the Audiometrician and the School Medical Officer. Children may be referred to this clinic if a hearing loss is suspected.

12. Health Education in Schools

During the year the Health Visitors gave 87 talks on parentcraft and other subjects in secondary modern schools.

SCHOOL CLINICS

Clinic			Address							Services	
Berkeley	...	...	Hospital	...	...	...	...	...	...	E, O
Bishops Cleeve	....		Tythe Barn	....	....	....	....	....	....	O, S
Bourton-on-the-Water			County Clinic, Station Road				....	....	....	D, S
			Moor Cottage Hospital				E
Cadbury Heath	...		Earlstone Crescent	...	...	...	...	...	...	D
Cheltenham	...	...	County Offices, St. George's Road				...	...	...	D, O, S
			33 St. Luke's Road				CG
			Health Centre, Hesters Way				O
Churchdown	...	...	County Dental Clinic, Albemarle Road				...	...	...	D
Cinderford	...	...	Dockham Road		...	...	...	...	...	E, O, S, D
			Dilke Hospital		...	...	...	...	...	O
Cirencester	...	...	Watermoor Road		...	...	...	...	...	CG, D, S
			Memorial Hospital		...	...	...	...	...	E
Coleford	...	...	County Clinic, High Nash		...	...	...	...	...	D, E, O, S
Downend	....	....	Buckingham Gardens		....	....	....	....	....	CG, E, S, D, O
Dursley	...	...	The Sandpits	...	...	...	...	...	...	D, E, O, S, CG
Filton	...	...	Shields Avenue, Bristol, 7		...	...	...	...	...	D, E, O, S
Gloucester	....	....	Quayside Wing, Shire Hall		....	....	....	....	....	D, EN, M, O, S
Kingswood	....	....	23 Laurel Street		....	....	....	....	....	D
Lydney	...	...	Church Road		...	...	...	...	...	D
			9 High Street		....	....	....	....	....	S
			District Hospital		...	...	...	...	...	E, O
Moreton-in-Marsh	...		T.A. Site		...	...	...	...	...	D, S
			District Hospital		...	...	...	...	...	E
Newent	....	....	County Clinic, West Block, Newent School				....	....	...	O
Patchway	...	...	Rodway Road		...	...	...	...	...	CG, D
Soundwell	...	...	Soundwell Road, Kingswood				...	...	...	E, M, O
Stroud	...	...	9 John Street		...	...	...	...	...	D
			Old Town Hall, The Shambles				...	...	...	CG, M, S, O
			Hospital		...	...	...	...	...	E O
Tetbury	....	....	County Dental Clinic, The Close				....	....	....	D
Tewkesbury	...	...	Old Grammar School (County Clinic)				...	...	...	O, S, D, CG
			Hospital		...	...	...	...	...	E, O
Thornbury	...	...	Hospital		...	...	...	...	...	O
			Health Centre, Eastland Road				....	....	....	D, E, O, S
Winchcombe	...		County Dental Clinic		...	...	...	...	...	D, S, O
Wotton-under-Edge	....		Sym Lane		....	....	....	....	....	CG, D, E, O
Yate	....	....	Health Centre, Eastland Road				....	....	....	D, E, O, S
Cheltenham Excepted District			County Offices, St. George's Road				D, M, S, O

Index to Services :	CG	....	Child Guidance	M	....	Minor Ailments
	D	....	Dental	O	....	Orthopaedic
	E	....	Eye	S	....	Speech
	EN	....	Enuresis			

1970
TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS								DEATHS														ALL AGES	
		Live Births				Still Births				Under 1 year			Inf. Mort. Rate per 1,000 Live Births	INFANTS											
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	S.B. Rate per 1,000 Total Births	Leg.	Illeg.	Total		Leg.	Illeg.	Total	Rate per 1,000 Live Births	Leg.	Illeg.	Total	Rate per 1,000 Live Births	No.	Rate per 1,000 Pop.		
Urban																									
Charlton Kings	10,340	104	5	109	10.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	142	13.7		
Cheltenham M.B.	75,720	929	120	1,049	13.9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	933	12.3		
Cirencester	12,980	180	10	190	14.6	2	1	7	7	15	2	17	16	8	2	10	10	7	1	8	8	194	14.9		
Kingswood	29,950	569	18	587	19.6	11	1	12	20	15	—	15	26	11	—	11	19	9	—	15	256	8.5			
Mangotsfield	23,440	314	13	327	14.0	1	—	1	3	2	—	2	6	2	—	2	6	1	—	1	3	270	11.5		
Nailsworth	3,980	66	3	69	17.3	—	—	—	—	1	—	1	14	—	—	—	—	—	—	—	—	60	15.1		
Stroud	19,000	255	18	273	14.4	3	—	3	11	2	—	2	7	2	—	2	7	1	—	1	4	253	13.3		
Tewkesbury M.B.	8,920	138	15	153	17.2	4	—	4	25	2	—	2	13	1	—	1	7	1	—	1	7	90	10.1		
TOTAL U.D.	184,330	2,555	202	2,757	15.0	27	2	29	10	40	2	42	15	25	2	27	10	20	1	21	8	2,198	11.9		
Rural																									
Cheltenham	43,090	549	32	581	13.5	3	—	3	5	6	1	7	12	6	1	7	12	6	1	7	12	372	8.6		
Cirencester	16,240	270	15	285	17.5	3	1	4	14	—	—	—	—	—	—	—	—	—	—	—	—	149	9.2		
Dursley	20,630	330	23	353	17.1	3	—	3	8	5	—	5	14	4	—	4	11	4	—	4	11	211	10.2		
East Dean	21,320	336	18	354	16.6	3	—	3	8	6	—	6	17	3	—	3	8	3	—	3	8	251	11.8		
Gloucester	37,780	532	38	570	15.1	7	1	8	14	14	1	15	26	5	—	5	9	5	—	5	9	408	10.8		
Lydney	15,010	261	9	270	18.0	5	—	5	18	9	—	9	33	7	—	7	26	7	—	7	26	161	10.7		
Newent	9,770	139	8	147	15.0	—	—	—	—	2	—	2	14	2	—	2	14	1	—	1	7	104	10.6		
North Cotswold	20,580	258	22	280	13.6	3	1	4	14	3	—	3	11	2	—	2	7	2	—	2	7	254	12.3		
Northleach	7,720	79	11	90	11.7	2	—	2	22	—	1	1	11	—	1	1	11	—	1	1	11	79	10.2		
Sodbury	66,250	1,287	44	1,331	20.1	10	1	11	8	21	1	22	17	14	—	14	11	12	—	12	9	486	7.3		
Stroud	30,290	431	45	476	15.7	3	—	3	6	6	1	7	15	5	—	5	11	4	—	4	8	370	12.2		
Tetbury	7,080	96	9	105	14.8	—	—	—	—	2	—	2	19	1	—	1	10	1	—	1	10	95	13.4		
Thornbury	42,410	751	46	797	18.8	11	3	14	17	10	1	11	14	5	1	6	8	4	1	5	6	365	8.6		
Warmley	23,890	338	14	352	14.7	2	—	2	6	6	—	6	17	3	—	3	9	3	—	3	9	206	8.6		
West Dean	17,660	274	13	287	16.3	6	—	6	20	—	—	—	—	—	—	—	—	—	—	—	—	246	13.9		
TOTAL R.D.	379,720	5,931	347	6,278	16.5	61	7	68	11	90	6	96	15	57	3	60	10	52	3	55	9	3,757	9.9		
County Totals	564,050	8,486	549	9,035	16.0	88	9	97	11	130	8	138	15	82	5	87	10	72	4	76	8	5,955	10.6		

The rates shown are the crude rates.

1970

TABLE II—SUMMARY OF INFECTIOUS DISEASES

Districts	Scarlet Fever	Whooping Cough	Measles	Dysentery	Acute Encephal- itis	Malaria	Food Poisoning	Infective Jaundice	Tetanus	Meningo- coccal Infection	Tuber- culosis Pulmonary	Tuber- culosis Other
Urban												
Charlton Kings	2	—	109	—	—	—	1	1	—	—	1	—
Cheltenham M.B.	6	—	631	1	—	—	1	2	—	—	13	2
Cirencester	1	3	146	1	—	—	—	—	—	—	—	—
Kingswood	4	3	234	9	—	—	1	16	—	—	3	—
Mangotsfield	10	2	63	1	—	—	5	7	1	—	1	—
Nailsworth	6	—	13	—	—	—	—	17	—	—	—	—
Stroud	4	—	90	22	—	—	—	2	—	—	—	—
Tewkesbury	—	—	47	—	—	—	—	2	—	—	—	—
TOTALS U.D.	33	8	1,333	34	—	—	8	47	1	—	18	2
Rural												
Cheltenham	7	—	251	—	—	—	—	—	—	—	3	—
Cirencester	4	—	60	—	—	—	—	—	—	—	1	—
Dursley	—	—	70	2	—	—	6	55	—	1	1	1
East Dean	5	8	52	4	—	—	2	2	—	1	1	—
Gloucester	22	2	209	—	—	—	—	1	—	1	5	—
Lydney	3	2	137	—	—	—	2	11	—	—	1	—
Newent	4	—	16	—	—	—	—	3	—	—	1	—
North Cotswolds	—	4	174	—	—	—	—	2	—	—	5	1
Northleach	—	—	15	—	—	—	1	—	—	—	—	—
Sodbury	11	4	514	5	1	2	5	17	—	—	—	1
Stroud	2	4	181	—	1	1	—	8	—	—	4	—
Tetbury	—	1	65	—	—	—	—	1	—	—	—	—
Thornbury	2	—	252	1	—	—	—	4	—	—	2	—
Warmley	5	—	107	5	—	—	7	7	—	1	1	—
West Dean	—	1	30	—	—	—	—	5	—	1	3	—
TOTALS R.D.	65	26	2,133	17	2	3	23	116	—	5	28	3
County Totals	98	34	3,466	51	2	3	31	163	1	5	46	5

TABLE III—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death				Total all ages	Under 4 weeks	4 weeks and under 1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
B	Enteritis and other Diarrhoeal Diseases	8	—	3	1	—	—	—	—	—	—	—	—	1	3
5	Tuberculosis of Respiratory System	3	—	—	—	—	—	—	—	—	1	1	1	—	—
6	(1) Late effects of Respiratory Tuberculosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—
6	(2) Other Tuberculosis	5	—	—	—	—	—	—	—	—	—	—	1	—	—
11	Meningococcal Infection	1	—	—	1	—	—	—	—	—	—	—	3	2	—
18	Other Infective and Parasitic Diseases	11	1	—	—	—	—	1	—	—	—	—	—	1	2
19	(1) Malignant Neoplasm—Buccal Cavity, etc.	17	—	—	—	—	—	—	—	—	—	1	4	8	4
19	(2) Malignant Neoplasm—Oesophagus	32	—	—	—	—	—	—	—	—	—	4	12	7	9
19	(3) Malignant Neoplasm—Stomach	118	—	—	—	—	—	—	1	1	6	23	46	41	41
19	(4) Malignant Neoplasm—Intestine	160	—	—	—	—	—	—	2	2	13	30	50	63	63
19	(5) Malignant Neoplasm—Larynx	9	—	—	—	—	—	—	—	—	—	4	4	4	1
19	(6) Malignant Neoplasm—Lung, Bronchus	282	—	—	—	—	—	—	—	7	21	92	117	45	45
19	(7) Malignant Neoplasm—Breast	112	—	—	—	—	—	1	—	6	24	37	22	22	22
19	(8) Malignant Neoplasm—Uterus	40	—	—	—	—	—	—	—	1	4	8	18	9	9
19	(9) Malignant Neoplasm—Prostate	34	—	—	—	—	—	—	—	—	—	6	11	17	17
19	(10) Leukaemia	32	—	—	2	1	—	—	3	1	6	6	6	6	7
19	(11) Other Malignant Neoplasms	318	—	1	5	4	2	8	15	24	78	92	89	89	89
20	Benign and Unspecified Neoplasms, etc.	8	—	—	—	—	—	—	—	—	—	1	3	1	3
21	Diabetes Mellitus	55	—	—	1	1	—	—	1	1	3	5	17	26	26
22	Avitaminoses, etc.	1	—	—	—	—	—	—	—	—	—	1	—	—	—
46	(1) Other Endocrine, etc., Diseases	19	2	2	—	—	—	—	1	2	—	6	5	1	1
23	Anaemias	13	—	—	—	—	—	—	—	—	1	1	3	8	8
46	(2) Other Diseases of Blood, etc.	3	—	1	—	—	—	—	—	—	—	1	1	—	—
46	(3) Mental Disorders	7	—	—	—	—	—	—	—	—	—	—	2	5	5
24	Meningitis	5	1	—	1	—	—	—	—	—	—	—	1	1	1
46	(4) Multiple Sclerosis	6	—	—	—	—	—	—	1	1	—	—	3	—	—
46	(5) Other Diseases of Nervous System, etc.	58	1	4	1	2	4	2	2	2	8	15	17	17	17
26	Chronic Rheumatic Heart Disease	66	—	—	—	—	—	1	2	3	9	14	17	20	20
27	Hypertensive Disease	80	—	—	—	—	—	—	—	—	5	11	23	41	41
28	Ischaemic Heart Disease	1,518	—	—	—	—	—	—	2	20	103	277	437	679	679
29	Other forms of Heart Disease	396	1	—	—	—	—	2	—	2	6	17	59	309	309
30	Cerebrovascular Disease	857	—	1	—	1	1	1	7	33	83	207	523	523	523
46	(6) Other Diseases of Circulatory System	295	—	—	—	—	—	—	1	1	5	25	75	188	188
31	Influenza	77	—	—	—	—	—	—	—	—	—	—	—	—	—
32	Pneumonia	403	2	8	7	1	2	3	2	8	39	87	244	244	244
33	(1) Bronchitis and Emphysema	244	—	1	—	—	—	—	—	—	12	39	87	103	103
33	(2) Asthma	13	—	—	—	—	—	—	—	—	3	3	3	3	3
46	(7) Other Diseases of Respiratory System	57	1	4	4	1	—	—	1	1	4	7	11	24	24
34	Peptic Ulcer	34	—	—	—	—	—	—	—	—	2	7	12	13	13
35	Appendicitis	3	—	1	—	1	—	—	—	—	—	—	—	—	—
36	Intestinal Obstruction and Hernia	27	1	1	—	—	—	—	—	—	1	3	5	15	15
37	Cirrhosis of Liver	12	—	—	—	—	—	—	—	—	3	5	2	2	2
46	(8) Other Diseases of Digestive System	56	—	—	—	—	—	—	2	2	2	7	11	32	32
38	Nephritis and Nephrosis	26	—	—	—	—	—	—	—	—	2	6	5	11	11
39	Hyperplasia of Prostate	10	—	—	—	—	—	—	—	—	—	—	4	6	6
46	(9) Other Diseases, Genito-Urinary System	48	1	1	—	—	—	—	—	—	5	7	11	23	23
46	(10) Diseases of Skin, Subcutaneous Tissue	2	—	—	—	1	—	—	—	—	—	1	—	—	—
46	(11) Diseases of Musculo-Skeletal System	24	—	—	—	—	—	—	1	2	—	7	3	11	11
42	Congenital Anomalies	43	13	13	2	3	5	2	—	3	2	—	—	—	—
43	Birth Injury, Difficult Labour, etc.	37	37	—	—	—	—	—	—	—	—	—	—	—	—
44	Other causes of Perinatal Mortality	25	25	—	—	—	—	—	—	—	—	—	—	—	—
45	Symptoms and ill-defined conditions	24	1	2	1	—	—	—	—	—	—	—	—	—	—
E47	Motor Vehicle Accidents	86	—	—	2	8	20	7	8	9	11	11	10	10	10
E48	All other Accidents	79	—	8	3	4	9	5	—	6	7	11	26	26	26
E49	Suicide and Self-Inflicted Injuries	42	—	—	—	—	2	4	2	7	11	11	5	5	5
E50	All other External Causes	12	—	—	1	—	1	4	1	—	1	3	1	1	1
Total all causes					5,954	87	51	32	29	53	55	102	350	932	2,715

ANNUAL REPORT, 1970

CORRECTION

PAGE 28 - NUMBER OF TREATMENTS

line 5 TOTALS for "22,768" read "28,768"

line 6 HANDICAPPED PERSONS for "(38)" read "(138)"

County Health Department,
Gloucester.

17/5/71

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DECEMBER 10

1900

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322nd Ave. 1st St. New York, N.Y.

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